LONG BEACH MEMORIAL MEDICAL CENTER EXPANSION
FINDINGS OF FACT AND
STATEMENT OF OVERRIDING CONSIDERATIONS

SCH NO. 2004081142

PREPARED FOR:

CITY OF LONG BEACH
DEPARTMENT OF PLANNING AND BUILDING
333 WEST OCEAN BOULEVARD, 5TH FLOOR
LONG BEACH, CALIFORNIA 90802

PREPARED BY:

SAPPHOS ENVIRONMENTAL, INC.
133 MARTIN ALLEY
PASADENA, CALIFORNIA 91105

MAY 2005

TABLE OF CONTENTS

TABLES ***PAGE***

SECTION I
INTRODUCTION

I.A CERTIFICATION

FINDINGS OF FACT AND STATEMENT OF OVERRIDING CONSIDERATIONS REGARDING THE FINAL ENVIRONMENTAL IMPACT REPORT FOR LONG BEACH MEMORIAL MEDICAL CENTER EXPANSION (STATE CLEARINGHOUSE NUMBER 2004081142)

The City of Long Beach (City) hereby certifies the Final Environmental Impact Report Final (EIR) for the Long Beach Memorial Center Expansion (project) in the City of Long Beach, County of Los Angeles, California (State Clearinghouse Number 2004081142). The EIR consists of Volume I: Draft EIR, dated January 25, 2005; Volume II: Technical Appendices to the Draft EIR, dated January 25, 2005; and Volume III: Clarifications and Revisions to the Draft EIR, Comment Letters on the Draft EIR, and Response to Comments, dated May 4, 2005. The EIR has been completed in compliance with the California Environmental Quality Act (CEQA), the State CEQA Guidelines, and all applicable federal, state, and local statutes and regulations that govern the management of environmental resources. The City of Long Beach City Council and Planning Commission have received, reviewed, and considered the information contained in the EIR, all hearings, and submissions of testimony from officials representing the City of Long Beach, as well as from other agencies, organizations, and private individuals who have expressed an interest in the project.

Having received, reviewed, and considered the foregoing information, and recommendations of City of Long Beach staff, including the Planning Commission and the Department of Public Works, as well as any and all other information in the record, and Section I herein, the City of Long Beach hereby makes findings pursuant to and in accordance with Section 21081 of the Public Resources Code as presented in Sections II through X of these Findings of Fact and Statement of Overriding Considerations.

I.B BACKGROUND

The Long Beach Memorial Medical Center (LBMMC) is a nonprofit hospital that provides health services to individuals, families, and the community in and around the City of Long Beach. The LBMMC campus (Campus) is the second largest private hospital on the West Coast and has served the Long Beach community and Southern California since 1914. Being a comprehensive medical campus, it combines the resources of six major entities: (1) the LBMMC, (2) Miller Children's Hospital (MCH), (3) Memorial Women's Hospital, (4) Memorial Rehabilitation Hospital, (5) Memorial Heart Institute, and (6) Memorial Cancer Institute.

The LBMMC has to meet the increased demand for health services in the area and comply with the regulations developed by the Office of Statewide Health Planning and Development (OSHPD) as mandated by Senate Bill 1953 (Chapter 740, 1994), an amendment to and furtherance of the Alfred E. Alquist Hospital Seismic Safety Act of 1983. The LBMMC also needs to consolidate and relocate the diverse outpatient treatment facilities of the Todd Cancer Institute (TCI) to a single facility in proximity to the inpatient services provided at the LBMMC, which are currently dispersed in 24 sites located on and off the Campus. The expansion of the facilities and services would be undertaken to provide a full range of integrated medical facilities to meet the required needs.

I.B.1 Existing Conditions

The 54-acre Campus is completely developed and characterized by six general land uses: (1) inpatient medical facilities, (2) outpatient medical facilities, (3) mixed use (including services, retail, residential, and vacant land), (4) utilities, (5) circulation, and (6) parking. A property listing is provided in Table I.B.1-1, *Description of Land Uses on the Property*. There are approximately 1,213,945 gross square feet of structures located within the Campus (Table I.B.1-2, *Existing Conditions: Gross Floor Areas*).[1] There are two licensed hospitals within the Campus: LBMMC and MCH. These facilities are centrally located on the Campus, north of 27th Street, east of Long Beach Boulevard, south of Columbia Street, and west of Atlantic Avenue. In addition to inpatient services, outpatient services are provided in structures located north and south of LBMMC and MCH. There is a child care center located north of 27th Street, immediately adjacent to and east of the parking structure. There are a variety of mixed uses located south of 27th Street, including health-related programming, 72 residential units, and 18 vacant lots. Approximately 1.93 acres are dedicated to circulation within the Campus, not including public right-of-ways. There are a total of 3,452 parking spaces located in 11 locations throughout the Campus, including 259 surplus parking spaces (Table I.B.1-3, *Existing Parking*).

TABLE I.B.1-1
DESCRIPTION OF LAND USES ON THE PROPERTY

Address	Description	Owner	Primary Land Use
2652 Pasadena Avenue	Land / vacant lot	MHS	Mixed Use
2654 Pasadena Avenue	Land / vacant lot	MHS	Mixed Use
2656 Pasadena Avenue	Land / vacant lot	MHS	Mixed Use
2658 Pasadena Avenue	Land / vacant lot	MHS	Mixed Use
2609 Pasadena Avenue	Apartments: 2 stories, 10 units	MHS	Mixed Use (Residential)
2611 Pasadena Avenue	Land / vacant lot	MHS	Mixed Use
2613 Pasadena Avenue	Land / vacant lot	MHS	Mixed Use
2615 Pasadena Avenue	Apartments: 4 units	MHS	Mixed Use (Residential)
2617 Pasadena Avenue	2 single-family dwellings	MHS	Mixed Use (Residential)
2608-2610 Pasadena Avenue	Land / vacant lot	MHS	Mixed Use
2618-20-22 Pasadena Avenue	Land / vacant lot	MHS	Mixed Use
2624-26 Pasadena Avenue	Land / single-family dwelling	MHS	Mixed Use (Residential)
2630-32 Pasadena Avenue	Land / single-family dwelling	MHS	Mixed Use (Residential)
2640-42 Pasadena Avenue	Land / vacant lot	MHS	Mixed Use
527-37 East Willow Street	Land / vacant lot	MHS	Mixed Use
2613 Linden Avenue	Apartments: 2 stories, 9 units	MHS	Mixed Use (Residential)
2627 Linden Avenue	Land / vacant lot	MHS	Mixed Use
2633-35 Linden Avenue	2 single-family dwellings	MHS	Mixed Use (Residential)
2620 Linden Avenue	Apartments: 5 units	MHS	Mixed Use

[1] Marie Campbell, *Personal Communication*, 9 August 2004. Pat Johner, Long Beach Memorial Medical Center, 2801 Atlantic Avenue, Long Beach, CA 90806-1737.

TABLE I.B.1-1
DESCRIPTION OF LAND USES ON THE PROPERTY, Continued

Address	Description	Owner	Primary Land Use
			(Residential)
2622-24-26 Linden Avenue	Duplex	MHS	Mixed Use (Residential)
2628 Linden Avenue	Land / vacant lot	MHS	Mixed Use
2630 Linden Avenue	Apartments: 2 stories, 9 units	MHS	Mixed Use (Residential)
2638 Linden Avenue	Apartments: 2 stories, 6 units	MHS	Mixed Use (Residential)
2625 Pasadena Avenue	Research building: 2 stories, 6 lots	MHS	Outpatient
2619-21 Pasadena Avenue	Research building: 2 lots	MHS	Outpatient
2623 Pasadena Avenue	Research building: 1 lot	MHS	Outpatient
2675 Pasadena Avenue	Research building: 1 lot	MHS	Outpatient
2685 Pasadena Avenue	Research building: 1 lot	MHS	Outpatient
2691 Pasadena Avenue	Apartments: Beau Geste, 2 stories, 18 units	MHS	Mixed Use (Residential)
2608 Pasadena Avenue	Land / vacant lot	MHS	Mixed Use
500 East 27th Street	Guest Residence	MHS	Mixed Use (Residential)
695 East 27th Street, PM 268-46-47, Lots 1 and 2	Clooney / truck property	MHS	Mixed Use
2636, 2638 Elm Avenue	Land / vacant lot	MHS	Mixed Use
2650 Elm Avenue, #301–306	Medical offices (condo)	MHS	Outpatient
2650 Elm Avenue, #307–309	Medical offices (condo)	MHS	Outpatient
2651-2653 Elm Avenue	Land / medical offices	MHS	Outpatient
2685 Elm Avenue	Single-family dwelling	MHS	Mixed Use (Residential)
2690 Elm Avenue	Single-family dwelling	MHS	Mixed Use (Residential)
678 East 28th Street	Storage building: 1 story	MHS	Mixed Use
750 East 29th Street	Genzyme, office building: 1 story	MHS	Outpatient
403 East Columbia Street (Ground Lease)	MRI / lot 38 & ½ vacated lot	MHS	Outpatient
403 East Columbia Street (455 Columbia Street)	Buffums / lots 33–37 & 39–43 / vacated alley	MHS	Outpatient
2680 Long Beach Boulevard	Land / vacant lot	MHS	Mixed use
2684 Long Beach Boulevard	Land / vacant lot	MHS	Mixed use
2690 Long Beach Boulevard	Land / vacant lot	MHS	Mixed use
521 East Columbia Street	Land / E.R. parking lot	MHS	Parking
E.S. Fields, L.B. Heights (Canton Lots)	Land / vacant lots	MHS	Mixed use
300 East Spring Street, P.M. 199-97-98, Lot 1-2, Por. of Lot 2	Land / Buffums parking	MHS	Parking
2085 East Third Street	Transitional rehab	LBMMC	Outpatient
2801 Atlantic Avenue	Hospital Memorial West rehab Outpatient surgery Women's Hospital Miller Children's Hospital	LBMMC	Inpatient

TABLE I.B.1-1
DESCRIPTION OF LAND USES ON THE PROPERTY, Continued

Address	Description	Owner	Primary Land Use
	Administrative Services Building		
2801 Atlantic Avenue	Parking structure: 1,772 spaces	LBMMC	Parking
2801 Atlantic Avenue	Children's parking structure: 150 spaces	LBMMC	Parking
501 East 27th Street	Miller house: 2-story building	LBMMC	Outpatient
2701 Atlantic Avenue	Pain Management: 1-story office building	LBMMC	Outpatient
Parking lot on 27th Street	Parking lot next to 2699 Atlantic Avenue (no data)	LBMMC	Parking

NOTE:
MHS = Memorial Health Services

TABLE I.B.1-2
EXISTING CONDITIONS: GROSS FLOOR AREAS

Building Number per Existing Building Plan[1]	Building	Gross Floor Areas (Square Foot)
1	Miller Children's Hospital	175,162
2	Long Beach Memorial Medical Center	697,630
3	Administration Building	129,531
4	Memorial West Facility (Rehab)[2]	107,622
5	Miller House	25,000
6	Ranch House / WIC Medical Center	12,000
8	Memorial Guest Residence Hotel	12,000
9	Research Building	20,000
17	Buffums Plaza	35,000
Total		**1,213,945**

NOTES:
[1] Building numbers as shown on diagram. Source: Taylor, July 2004. "Existing Buildings." Contact: Taylor, 2220 University Drive, Newport Beach, CA 92660.
[2] Gross floor area of the Memorial West Facility includes the Rehab center (31,167 square feet).

TABLE I.B.1-3
EXISTING PARKING

	Staff/Employee Spaces	Patient/Visitor Spaces	Doctor Spaces	Total Spaces
Existing parking demand				3,193
Existing parking supply				3,452
Lot A	675	—	—	675
Lot B	—	217	—	217
Lot C	—	74	—	74
Lot D	—	—	28*	28
Lot E	85	—	—	85
Lot F	—	26	60	86
Lot G	—	—	87	87
Lot H	—	29	—	29
Lot I	150	—	—	150
Lot J	1,430	164	—	1,594
Lot K	—	427	—	427
Subtotal	2,340	937	175	3,452
Existing parking surplus				259

NOTE:
* Spaces shared with patients and visitors.

Approximately 1.93 acres are dedicated to circulation within the Campus, not including public right-of-ways. There are a total of 3,452 parking spaces located in 11 locations throughout the Campus, including 259 surplus parking spaces (Table I.B.I-3).

I.B.2 Project Objectives

The Campus is the second largest private hospital on the West Coast and has served the Long Beach community and Southern California since 1914. Being a comprehensive medical campus, it combines the resources of six major entities: LBMMC, MCH, Memorial Women's Hospital, Memorial Rehabilitation Hospital, Memorial Heart Institute, and Memorial Cancer Institute. The proposed expansion of the facilities and services would be undertaken to provide a full range of integrated medical facilities. It is vital to the community's health that LBMMC be given the opportunity to achieve this vision. LBMMC has defined their goals and supporting objectives related to the proposed project as follows:

Goal: The LBMMC is a nonprofit hospital and is committed to improving the health and well-being of individuals, families, and the community through innovation and the pursuit of excellence, and to making LBMMC into Southern California's preferred, operationally excellent, and fiscally sound provider of comprehensive, high-quality health services.

Objectives: The LBMMC has identified and prioritized 12 basic objectives that are important to achieving the project goal:

1. Continue the legacy of providing a high-quality environment that supports the health and well-being of patrons through the provision of a comprehensive system of programs and facilities that provide prevention, screening, diagnosis, treatment,

and monitoring services to meet existing and anticipated demand in the community through the year 2020.

2. Expand and reorganize the existing approximately 1,200,000 square feet of combined inpatient, outpatient, and appurtenant facilities by approximately 500,000 square feet to accommodate existing and anticipated demand through the year 2020.

3. Comply with the regulations developed by the OSHPD as mandated by Senate Bill 1953 (Chapter 740, 1994), an amendment to and furtherance of the Alfred E. Alquist Hospital Seismic Safety Act of 1983.[2]

4. Consolidate and relocate the diverse outpatient treatment modalities of the TCI that are currently dispersed in 24 sites located on and off the Campus, to a single facility in proximity to the inpatient services provided at the LBMMC.

5. Provide a dedicated facility for the outpatient well care, screening, imaging, diagnosis, treatment, and monitoring of cancer and non-cancer patients to accommodate the anticipated need for 375 patients to be served per day by the year 2007, and to accommodate approximately 500 patients per day to meet anticipated needs through the year 2020.

6. In the immediate proximity of the MCH, provide a pediatric inpatient tower that would increase capacity for pediatric surgical cases that would satisfy a mandate from the California Department of Health Services to provide seven operating rooms by January 2008. An additional three operating rooms would need to be provided between years 2008 and 2015 to meet anticipated demand through the year 2020.

7. In the immediate proximity of the MCH, provide a pediatric inpatient tower that would increase capacity for newborn intensive care services and general pediatric patients. The new pediatric inpatient tower will be sized to accommodate the 10-percent increase in the need for pediatric inpatient treatment of children under the age of 15 between years 2000 and 2003, and the projected additional increase of 1 percent per year through the year 2020. The increase in capacity would require 72 additional beds by the year 2008 and another 92 additional beds between years 2008 and 2015 to meet anticipated demand through the year 2020.

8. Consolidate and relocate the diverse pediatric outpatient services, well care, screening, diagnosis, treatment, and monitoring into a single, dedicated building in close proximity to the MCH.

9. Within the Campus, provide a building designated for mixed uses to accommodate retail uses, such as a gift shop, florist, and food and beverage service, to serve MCH employees, patients, and visitors.

[2] Senate Bill (SB) 1953 established seismic requirements for existing hospitals in California and was signed into law in September 1994. This bill requires existing general acute care hospital buildings that are not in compliance with the Alfred E. Alquist Hospital Seismic Safety Act of 1983 (generally buildings with permits prior to 1973) to be either seismically retrofitted, changed to non-acute care use, replaced, or demolished. This is to be accomplished for all California hospital facilities by year 2030.

10. Provide adequate access and egress to the Campus from Long Beach Boulevard and Atlantic Avenue.

11. Provide adequate infrastructure to support circulation within the Campus.

12. Provide sufficient parking capacity to comply with the City of Long Beach parking ordinance.

I.C PROJECT IMPROVEMENTS

The project consists of a 2005 Master Plan that specifies a Master Plan of Land Uses that provides a conceptual framework for the reorganization of the six existing land uses: (1) inpatient medical facilities, (2) outpatient medical facilities, (3) mixed-use facilities, (4) utilities, (5) circulation, and (6) parking. Within this conceptual framework, six project elements could be constructed between 2005 and 2012:

1. TCI
2. MCH—Pediatric Inpatient Tower, Utility Trench, and Central Plant Building
3. MCH—Pediatric Outpatient Building
4. MCH—Link Building
5. Roadway Realignment
6. Parking Program

The TCI would facilitate expansion of the Campus by relocating cancer treatment programs currently located within the licensed hospital facility and other diverse locations to a single building dedicated to cancer treatment programs. The comprehensive expansion of the MCH would ultimately consist of three new buildings: the pediatric inpatient tower, the pediatric outpatient building, and the link building. As required by the OSHPD, the MCH pediatric inpatient tower would be supported by a dedicated central plant building connected via an underground utility trench. Memorial Medical Center Drive / Patterson Street would be realigned to the south to accommodate the MCH improvements. The combined effects of displaced parking from new construction and additional trips generated through the expanded capacity of the hospital require the provision of additional parking. LBMMC has developed a parking program to provide additional capacity. The parking program requires conversion of mixed-use properties, including demolition of the existing child care center, demolition of 51 residential units, and development of 12 vacant lots.

The total estimated cost of capital improvements is in excess of $276 million (Table I.C-1, *Estimated Capital Improvement Costs*).

TABLE I.C-1
ESTIMATED CAPITAL IMPROVEMENT COSTS

Project Element	Total Cost in Million
Todd Cancer Institute, Phase I	$34.30
Todd Cancer Institute, Phase II	$17.30
Miller Children's Hospital—Pediatric Inpatient Tower, Phase I	$92.00
Miller Children's Hospital—Pediatric Inpatient Tower, Phase II	$61.30
Utility Trench	$1.00
Central Plant Building	$5.00
Miller Children's Hospital—Pediatric Outpatient Building	$19.00
Miller Children's Hospital—Link Building	$14.20
Roadway Realignment	$3.00
Parking Program	
• On-site Parking Lots N, P, Q, R, S, and T 515 spaces at $10,000 per car space	$5.15
• 1,700 space structure at $14,000 per car space	$23.80
TOTAL COST	**$276.05**

NOTE:
All costs are at 2004 dollar value.

I.C.1 Master Plan of Land Uses

The Master Plan of Land Uses provides a conceptual framework for the reorganization of the pattern of land uses within the Campus to meet the identified immediate needs and anticipated long-term needs of the Campus and community through the year 2020 (Table I.C.1-1, *2005 Master Plan Anticipated Projects*). The ability to fulfill this mission requires the establishment of a Long-Range Development Plan for the Campus. The City of Long Beach Zoning Code, Section 21.34.020,[3] requires that all sites zoned as Institutional (I) and having an area greater than 40,000 square feet in the City of Long Beach to submit a Long-Range Development Plan that includes all development of the site and site expansions (within a zone designated as Institutional or under the institution's ownership, whichever is greater) anticipated over the next 20 years. As such, this 2005 Master Plan would normally have been prepared to address planning needs through the year 2025. However, the City of Long Beach General Plan provides planning and demographic data through the 2020 planning horizon. Therefore, this 2005 Master Plan incorporates considerations from the previously adopted 1999 Master Plan, and provides land use designations, recommended capital improvements, and design guidelines to provide for the orderly and compatible development of the Campus to meet the needs of the community through the 2020 planning horizon, consistent with the City's General Plan.

[3] City of Long Beach. 1982. City of Long Beach Municipal Code (Ord. C-5831 § 1, 1982), Chapter 21. Available at: http://www.longbeach.gov/apps/cityclerk/lbmc/title-21/frame.htm

TABLE I.C.1-1
2005 MASTER PLAN ANTICIPATED PROJECTS

Project Title	Total Square Feet / Number of Stories	Anticipated Construction Start Date / Completion Date
TCI Phase I TCI Phase II	83,630 / 3 stories 42,300 / 2 stories	July 2005 / September 2006 July 2010 / June 2011
MCH pediatric inpatient tower Phase I	124,500 / 4 stories	October 2005 / January 2008
MCH pediatric inpatient tower Phase II	73,500 / 4 stories	January 2012 / June 2013
Utility trench	Underground	July 2005 / January 2008
Central plant building	3,500 / 1 story	June 2006 / August 2007
MCH pediatric outpatient building	80,000 / 5 stories	October 2005 / May 2007
MCH link building	20,000 / 3 stories	July 2010 / June 2011
Roadway realignment	820 linear-feet	July 2005 / October 2005
Parking program	2,187 parking spaces	July 2005 / December 2007

It is set forth in Section 21.34.020 of the Zoning Code that all future projects must be consistent with the approved Long-Range Development Plan. The proposed land uses are consistent with the existing land use designation (LUD) No. 7 Mixed-Use District in the General Plan and with the Institutional zoning. LBMMC has requested the City to extend the eastern edge of the Planned Development (PD-29) zoning, between Spring Street (on the north) and 29th Street (on the south) to Pasadena Avenue. That land is currently zoned as a Regional Highway (CHW) District. However, the land owned by LBMMC between 27th Street (to the north) and Willow Street (to the south), currently zoned as CHW and as a Community Automobile-Oriented District (CCA), would maintain the existing zoning as it accommodates the proposed uses. In addition to revising the Master Plan of Land Uses and zoning, the 2005 Master Plan provides design guidelines, a landscape plan, and a pedestrian plan to guide the planning and design of six capital improvement projects recommended to meet community needs through the year 2020 planning horizon.

I.C.2 Todd Cancer Institute

The TCI would be located on the northwestern corner of the Campus, southeast of the intersection of Long Beach Boulevard and Spring Street. The existing land use at this location is an 872-stall surface parking lot. The TCI building would provide comprehensive outpatient cancer services in a single facility designed for the unique requirements of cancer patients and their families. These services are currently provided in approximately 24 distinct locations distributed throughout the Campus and in nearby, leased facilities. The TCI building would also be designed to reinforce a sense of arrival to the northern edge of the Campus. Employees, medical staff, and patients would access the TCI from entry driveways on Pasadena Avenue. The driveway would be adequately sized to accommodate service of delivery vehicles. Outpatient cancer services would ultimately encompass approximately 125,930 gross square feet of new space constructed in two phases.

Landscaping would be provided along Long Beach Boulevard and Spring Street frontages consistent with City of Long Beach requirements and with the design guidelines for landscaping as contained in the 2005 Master Plan for the Campus. Landscaping within the Campus would be

consistent with existing Campus landscaping. A healing garden would be developed adjacent to the TCI on the east side of the building. Amenities and plant selections would be sensitive to the needs of cancer patients.

Phase I of the TCI would provide 83,630 gross square feet in a 54-foot-high, three-story building. The building would be identified by two illuminated building signs reading "Todd Cancer Institute" and by ground-level monument signage. The Phase I portion of the building would require 418 parking spaces. It is anticipated that there would be a maximum of approximately 120 employees working in the building at one time. Phase I of the TCI is expected to initiate construction in July 2005. Upon completion of Phase I in September 2006, the undeveloped portions of the site would accommodate approximately 701 parking stalls.

Phase II would provide an additional 42,300 gross square feet in a new 33-foot-high, two-story horizontal expansion. The Phase II portion of the building would require 212 parking spaces. Upon completion of Phase II, the undeveloped portions of the site would accommodate approximately 633 parking stalls. It is anticipated that there would be a maximum of approximately 60 additional employees working in the building at one time. Construction of Phase II of the TCI is contingent on the growth of outpatient cancer services, the needs of the Long Beach community, and philanthropy. The likely dates to initiate and complete construction are July 2010 through June 2011.

I.C.3 Miller Children's Hospital—Pediatric Inpatient Tower, Utility Trench, and Central Plant Building

The expansion of MCH, through the addition of a pediatric inpatient tower, would be located immediately adjacent to the existing MCH facility, southwest of the intersection of Atlantic Avenue and Columbia Street. The existing land use at this location is an 86-stall, multilevel parking structure. The parking structure would be demolished to accommodate the pediatric inpatient tower. Access to the pediatric inpatient tower would be provided on multiple floors of the existing MCH facility and by a new pedestrian entrance on the west facade of the building. At build-out, the MCH would provide approximately 198,000 gross square feet.

Phase I of the MCH pediatric inpatient tower would provide approximately 124,500 square feet of new space for pediatric surgical services, imaging, lobby, newborn intensive care services, and general pediatric inpatient care services. It is anticipated that there would be a maximum of approximately 310 employees working in the building at one time. Phase I would consist of a four-story building with one story below grade and three stories above grade. The highest point of the Phase I structure would be approximately 84 feet above grade. The building would be identified by three illuminated building signs reading "Miller Children's Hospital" and by ground-level monument signs. The Phase I portion of the building would require 144 parking spaces. Phase I of the new pediatric inpatient tower is proposed to initiate construction in October 2005, with completion in January 2008. Phase II would provide approximately 73,500 square feet in a four-story vertical expansion of the Phase I structure. The highest point of the combined Phase I and Phase II structure would be approximately 148 feet above grade. The Phase II portion of the building would require 192 parking spaces. Construction of Phase II is contingent on the growth of inpatient pediatric cancer services, the needs of the Long Beach community, and philanthropy. The likely dates to initiate and complete construction of Phase II of the MCH pediatric inpatient tower are January 2012 and June 2013, respectively.

Landscaping would be provided along Atlantic Avenue and 27th Street frontages consistent with City of Long Beach requirements and with the design guidelines for landscaping as contained in the 2005 Master Plan for the Campus. Landscaping within the Campus would be consistent with existing Campus landscaping.

A central plant building designed to support Phases I and II of the new pediatric inpatient tower would be constructed southwest of the intersection of Atlantic Avenue and Columbia Street. The existing land use at this location is landscape and hardscape associated with the edge treatment of the existing MCH. Development of the central plant building would not require displacement of any parking spaces. The central plant building would consist of a single-level structure of approximately 3,500 square feet. Construction of the central plant building is expected to begin in June 2006 and finish in August 2007. The central plant building would contain equipment and storage for the provision of emergency power and chilled water. Provision for the storage of bulk medical oxygen for the pediatric inpatient tower would be accommodated in conjunction with the existing parking lot north of Columbia Street and east of Pasadena Avenue. The central plant building would be staffed by existing engineering staff. Therefore, no additional parking would be required for the central plant building. Vehicular access to the central plant building would be via a curb cut on Columbia Street.

The inpatient pediatric tower would be served by the central plant building via an underground utility trench along the eastern edge of the Campus, parallel to Atlantic Avenue. Utility piping between the central plant building and the inpatient tower would be direct buried within a protected, slurry back-filled trench. The utility trench would be a permanent, underground facility that would not generate any additional demand for parking. Therefore, no additional parking would be required for the utility trench.

I.C.4 Miller Children's Hospital—Pediatric Outpatient Building

A new pediatric outpatient building would be located south of the existing MCH facility, west of Atlantic Avenue, and approximately midway between Columbia Street and 28th Street. The existing land use at this location is a portion of the surface parking lot located north of 28th Street. Pedestrian access to the outpatient building would be provided from an entrance on the northwest facade of the building. The MCH outpatient building would provide approximately 80,000 gross square feet. The pediatric outpatient building would consist of a five-story, B-occupancy, medical office building housing an array of pediatric care clinics and support services. It is anticipated that there would be a maximum of approximately 140 employees working in the building at one time. The highest point of the building would be approximately 84 feet above grade. The MCH pediatric outpatient building is expected to initiate construction in October 2005 and finish construction in May 2007. The building would be developed as a shell building, with internal tenant improvements for MCH-operated services and private physician practices. Four types of uses and clinics are under consideration for the outpatient pediatric building: (1) dental clinic, (2) pediatric rehabilitation, (3) children's and specialty care clinic, and (4) support space, including physician's offices.

Landscaping would be provided along the Atlantic Avenue frontage consistent with City of Long Beach requirements and with the design guidelines for landscaping as contained in the 2005 Master Plan for the Campus. Landscaping within the Campus would be consistent with existing Campus landscaping.

The pediatric outpatient building would require approximately 400 parking spaces. Construction of the pediatric outpatient building is contingent on the identification of funding, philanthropy, and lease agreements with private physician groups.

I.C.5 Miller Children's Hospital—Link Building

A new mixed-use building connecting the pediatric inpatient tower and the pediatric outpatient building would be located southwest of the intersection of Atlantic Avenue and 28th Street. The existing land use at this location is the existing Memorial Drive access road that would be realigned to accommodate the inpatient tower. Access to the mixed-use building would be provided on multiple floors from the inpatient hospital to the north and the outpatient building to the south. Grade-level pedestrian entrances would also be provided on the east and west facades. The MCH link building would provide approximately 20,000 gross square feet. The link building tower would consist of a 50-foot-high, three-story building that would contain retail spaces, offices, and retail food service for the users of the adjacent inpatient tower and outpatient building. The MCH link building is expected to initiate construction in July 2010 and finish construction in June 2011.

Landscaping would be provided along the Atlantic Avenue frontage consistent with City of Long Beach requirements and with the design guidelines for landscaping as contained in the 2005 Master Plan for the Campus. Landscaping within the Campus would be consistent with existing Campus landscaping.

The mixed-use building would require 50 parking spaces. Construction of the link building is contingent on the identification of a funding source.

I.C.6 Roadway Realignment

Vehicular and pedestrian circulation patterns would be improved through the realignment of selected internal roadways and through a signage and wayfinding program. Specifically, a 520-linear-foot section of the alignment of Patterson Street/Memorial Medical Campus Drive as it extends through the Campus would be realigned southward by approximately 300 feet from its current intersection, at Atlantic Avenue near 28th Street on the east side of the Campus, to make a closer connection with the existing alignment of Patterson Street at Atlantic Avenue. As a result, the intersection of Atlantic Avenue and 28th Street would become a T-intersection. The roadway would consist of three site entry lanes and three site exit lanes with an automated traffic control gate for each lane. The present roadway is approximately 85 feet wide at Atlantic Avenue. The roadway would narrow to 40 feet where it transitions to the existing alignment of Patterson Street near Pasadena Avenue. The road curvature has a radius of approximately 500 feet to transition from Patterson Street to the existing roadway alignment. The roadway realignment would result in the loss of 200 parking spaces from the surface parking lot located north of 27th Street. The existing T-intersection at Atlantic Avenue and Patterson Street would be replaced by a signalized through intersection. The grading and realignment would be undertaken such that the roadway and curbs are adjusted to provide access to adjacent buildings at the first-floor level. The roadway realignment is proposed to initiate construction in July 2005 and finish construction in October 2005.

NOP and Initial Study closed on September 23, 2004. A total of six comment letters were received in response to the NOP. All verbal and written comments related to environmental issues that were provided during the public review of the NOP, the scoping meeting, the homeowners association meeting, and the Planning Commission study session were considered in the EIR.

Based on the analysis undertaken in the Initial Study, the City determined that the project may have a significant effect on the environment and that the preparation of an EIR was required. As a result of the analysis undertaken in the Initial Study, it was determined that the project would not be expected to result in impacts to agricultural resources, biological resources, mineral resources, recreation resources, and population and housing; thus, no additional analysis of those environmental resources was undertaken in this EIR. However, the analysis in the Initial Study concluded that the project had the potential to result in significant impacts related to 12 environmental resources, which were the subject of the detailed evaluation undertaken in the EIR:

- Aesthetics
- Air Quality
- Cultural Resources
- Geology and Soils
- Hazards and Hazardous Materials
- Hydrology and Water Quality
- Land Use and Planning
- National Pollution Discharge Elimination System
- Noise
- Public Services
- Traffic and Transportation
- Utilities and Service Systems

The EIR was prepared to inform public agency decision makers and the general public about the project and its significant environmental effects, to suggest possible ways of minimizing those significant effects, and to describe a reasonable range of alternatives that could feasibly attain most of the basic objectives of the project, but would avoid or substantially lessen any of the significant effects of the project.

The analysis in the Draft EIR concluded that the project did not have the potential to result in significant impacts related to Land Use and Planning. However, the project had the potential to result in significant impacts related to the remaining 10 environmental resources.

The Draft EIR was circulated for a 45-day public review period between January 25, 2005, and March 10, 2005. Copies of the Draft EIR were distributed to 1 federal, 10 state, 2 regional, 9 county, 16 local government agencies (including City of Long Beach Departments), 11 private organizations, and 3 individuals. The Draft EIR was provided to the State Clearinghouse on January 25, 2005, for additional distribution to state agencies. Copies of the Draft EIR were made available during the public review period at three public libraries:

Long Beach Main Public Library
101 Pacific Avenue, Long Beach, California 90822
Telephone Number: (562) 570-7500
Hours of Operation: Monday and Thursday (10:00 a.m. to 8:00 p.m.)
Tuesday, Wednesday, Friday, and Saturday (10:00 a.m. to 5:30 p.m.)
Sunday (closed)

Burnett Public Library
560 East Hill Street, Long Beach, California 90806
Telephone Number: (562) 570-1041
Hours of Operation: Monday and Thursday (closed)
Tuesday and Wednesday (12:00 p.m. to 7:00 p.m.)
Friday and Saturday (10:00 a.m. to 5:00 p.m.)
Sunday (closed)

Dana Public Library
3680 Atlantic Avenue, Long Beach, California 90807
Telephone Number: (562) 570-1042
Hours of Operation: Monday and Wednesday (closed)
Tuesday and Thursday (12:00 p.m. to 8:00 p.m.)
Friday and Saturday (10:00 a.m. to 5:00 p.m.)
Sunday (closed)

The Draft EIR was also available for review at the City:

Department of Planning and Building, Reception Desk
City of Long Beach
City Hall, 5th Floor
333 West Ocean Boulevard
Long Beach, California 90802
Telephone Number: (562) 570-6193
Hours of Operation: Monday through Friday (7:30 a.m. to 4:30 p.m.)
Saturday and Sunday (Closed)

The Draft EIR was made available for public review on the City of Long Beach Web site at:

http://www.longbeach.gov/plan/pb/epd/er.asp

In addition, a public NOA of the Draft EIR appeared in the *Press Telegram* and was mailed directly to approximately 300 parties. Each party receiving the EIR or the NOA was informed of the opportunity to provide verbal comments on February 17, 2005, at the Planning Commission study session on the Draft EIR, held from 12:00 p.m. to 1:30 p.m. at the City Council Lounge, in the City of Long Beach City Hall, 333 West Ocean Boulevard, Long Beach, California. The purpose of this meeting was to present a summary of the environmental analysis contained in the Draft EIR and solicit comments from the Planning Commission and the public related to project goals and objectives, project background, the proposed project, mitigation measures, significant effects, project alternatives, unavoidable significant effects, irreversible significant effects, and consultation.

Written comments provided by the public and by public agencies were evaluated, and written responses were prepared for all comments received by the City. The Final EIR considered the environmental issues identified in the NOP, responses to letters of comments received on the Draft EIR, and clarifications and revisions resulting from public review of the Draft EIR. Upon completion of the evaluation, a Final EIR was prepared and provided to the City of Long Beach Planning Commission and the City of Long Beach City Council for certification of compliance with CEQA and for review and consideration as part of the decision-making process for the project.

I.E ALTERNATIVES

In addition to the project, the City of Long Beach evaluated two action alternatives and a No Project Alternative to the project. The project was determined to be the environmentally superior alternative.

Alternative A

Alternative A consisted of delaying the construction start for TCI Phase I for one year to accomplish the development of six on-site surface parking areas (Parking Lots N, P, Q, R, S, and T). All the other elements of the project would be constructed as planned. The delayed construction of the TCI would delay the consolidation and relocation of cancer facilities to a single building dedicated to cancer treatment from the 11 existing locations on and off Campus for a period of approximately one year. Alternative A would meet 9 of the 12 basic objectives of the project.

Alternative B

Alternative B consisted of expediting construction of the 1,700-space parking structure on the Campus, with up to 400 spaces per level and sited in an area designated for interim or permanent use of parking in the Master Plan of Land Uses. Alternative B seeks to make this parking structure operational by January 2007. The need to initiate construction of the parking structure in year 2005 would increase the cost to provide sufficient parking in the initial phases of construction. The additional $17.86 million that would be required to construct the parking structure would likely be taken from the funds allocated for construction of Phase I of the TCI and Phase I of the MCH pediatric inpatient building, thus reducing the available funds by approximately 14 percent. The reduction in construction funding would likely result in a comparable downsizing of the proposed facilities and their capacity to provide service. Alternative B would meet 10 of the 12 basic objectives of the project.

No Project Alternative

The No Project Alternative was analyzed, as required by CEQA.

I.F GENERAL FINDINGS

I.F.1 Scope of Environmental Analysis

The City of Long Beach has evaluated all environmental issues recommended by CEQA and the State CEQA Guidelines during the environmental evaluation of the project.

The EIR determined that development of the project would result in significant impacts to two environmental issues that cannot be reduced to below the threshold for significance with the incorporation of mitigation measures:

- **Air Quality (measures Air-1 through Air-13):** Implementation of the project has the potential to result in significant impacts related to compliance with air quality standards with increased emissions of nitrogen oxides (NO_x) and particulate matter. The mitigation measures proposed to be implemented include compliance with South Coast Air Quality Management District (SCAQMD) regulations, soil moistening and/or covering, application of a chemical stabilizer to graded areas,

SECTION II
POTENTIAL ENVIRONMENTAL EFFECTS THAT ARE NOT SIGNIFICANT

The analysis undertaken in support of the Initial Study for the Long Beach Memorial Medical Center Expansion (project) determined that there are six environmental issue areas related to the California Environmental Quality Act (CEQA) that are not expected to have significant impacts resulting from implementation of the project: Agricultural Resources, Biological Resources, Land Use and Planning, Mineral Resources, Population and Housing, and Recreation.

II.A AGRICULTURAL RESOURCES

Significant Impact:

None

Findings:

The project is not expected to result in significant impacts to agricultural resources. Therefore, no mitigation is required.

Facts:

The above finding is made based on the analysis included in Section 2.0, Environmental Checklist, and Section 3.0, Environmental Analysis, of the Initial Study. There are no Prime Farmlands, Unique Farmlands, or Farmlands of Statewide Importance present within or nearby the project site. No Farmlands would be converted to nonagricultural use, and the project would not conflict with zoning for agriculture or any Williamson Act contracts.

II.B BIOLOGICAL RESOURCES

Significant Impact:

None

Findings:

The project is not expected to result in significant impacts to biological resources. Therefore, no mitigation is required.

Facts:

The above finding is made based on the analysis included in Section 2.0, Environmental Checklist, and Section 3.0, Environmental Analysis, of the Initial Study. Implementation of the project would not result in impacts to any species identified as a candidate, sensitive, or special status species; to riparian habitat or sensitive natural communities; to federally protected wetlands; to the movement of any native resident or migratory fish or wildlife species or corridors; or that impede the use of native wildlife nursery sites. The project would not conflict with any local policies or ordinances protecting biological resources, or

the provisions of an adopted Habitat Conservation Plan; Natural Community Conservation Plan; or other approved local, regional, or state Habitat Conservation Plan.

II.C LAND USE AND PLANING

Significant Impact:

None

Findings:

The project is not expected to result in significant impacts to Land Use and Planning. Therefore, no mitigation is required.

Facts:

The above finding is made based on the analysis included in Section 3.07 of the Environmental Impact Report (EIR). Implementation of the project would not physically divide an established community as the project is completely within the City of Long Beach (City) Memorial Hospital Medical Center Activity Node as designated in its General Plan Land Use element. Construction and demolition would solely involve developed parcels already owned or leased by the hospital. The project would entail minor adjustments to zoning classifications at the site, which are consistent with the goals and policies of the City of Long Beach General Plan. The project is not located within the California Coastal Commission Coastal Zone; therefore, it does not fall under its jurisdiction. The project site is located within the Central Long Beach Redevelopment Area, but is not within the boundaries of its two critical redevelopment areas subsections and is, therefore, not subject to a redevelopment agency agreement or a redevelopment agency site plan review. The project area is entirely urbanized and is not located in an area proposed or adopted as part of the U.S. Fish and Wildlife services or the California Department of Fish and Game. The project area does not contain endangered or threatened species or sensitive or rare habitats.

II.D MINERAL RESOURCES

Significant Impact:

None

Findings:

The project is not expected to result in significant impacts to mineral resources. Therefore, no mitigation is required.

Facts:

The above finding is made based on the analysis included in Section 2.0, Environmental Checklist, and Section 3.0, Environmental Analysis, of the Initial Study. There are no mineral resource areas of value to the region and to the residents of the state within the project area.

II.E POPULATION AND HOUSING

Significant Impact:

None

Findings:

The project is not expected to result in significant impacts to population and housing. Therefore, no mitigation is required.

Facts:

The above finding is made based on the analysis included in Section 2.0, Environmental Checklist, and Section 3.0, Environmental Analysis, of the Initial Study. The project would not result in direct or indirect population growth. The project does not propose the development of new homes or businesses. However, support medical services such as medical-related offices may result as a result of the medical center expansion. These related businesses would be consistent with existing plans and policies of the City.

Currently, there are 13 multifamily residential structures that provide a total of 51 residential units within the project site. The project includes demolition and conversion of these structures into surface parking to meet City Code requirements for parking spaces. These properties were purchased by the Long Beach Memorial Medical Center (LBMMC) for the explicit purpose of development as part of the hospital. Pursuant to City Ordinance, LBMCC would be required to provide assistance to very low and low income residents who are displaced as a result of the termination of interim rental uses of these existing properties. The analysis contained in the Initial Study concluded that the loss of 51 residential rental units did not constitute a displacement of a substantial number of housing units or people in light of the 2,524 new housing units developed in the City over the period from 1990 to 1999, which provide adequate opportunities to accommodate the displaced housing units.

In addition, the properties owned by LBMMC are not identified as components to meet the City's needs for affordable housing in the City's Housing Action Plan (HAP). The HAP serves as the framework for the allocation of the City's scarce affordable housing resources (redevelopment housing set-aside and HOME funds) according to the income (very low, low, or moderate) and tenure (owner or renter) of the target population. The HAP aims to maximize investment toward providing quality affordable housing to as many Long Beach residents as possible, with a clear and pronounced effect in revitalizing and stabilizing Long Beach neighborhoods. In its initial implementation, HAP will focus efforts in three specific neighborhoods in the City to strengthen and make a difference in those neighborhoods.

II.F RECREATION

Significant Impact:

None

Findings:

The project is not expected to result in significant impacts to recreation. Therefore, no mitigation is required.

Facts:

The above finding is made based on the analysis included in Section 2.0, Environmental Checklist, and Section 3.0, Environmental Analysis, of the Initial Study. The project would include open space and landscaped areas within the LBMMC campus, which is consistent with the landscape plan contained in the 2005 Master Plan. This landscaping would serve the open space requirements for the additional medical facilities. The project would not increase the use of existing neighborhood or regional parks or other recreational facilities such that substantial physical deterioration of the facility would occur or be accelerated, and the project would not result in adverse physical effects on existing recreation resources due to the construction or expansion of new facilities.

SECTION III
POTENTIAL ENVIRONMENTAL EFFECTS THAT CAN BE MITIGATED TO A LEVEL OF INSIGNIFICANCE

The analysis undertaken in support of the Environmental Impact Report (EIR) determined that 9 of the environmental issues expected to be subject to significant impacts as a result of the project will be reduced to below the level of significance with the incorporation of the specified mitigation measures: aesthetics, cultural resources, geology and soils, hazards and hazardous materials, hydrology and water quality, national pollution discharge elimination system, noise, public services, and utilities and service systems.

III.A AESTHETICS

Significant Impact:

Implementation of the project has a potentially significant impact on daytime and nighttime views in the area due to the introduction of potential new sources of substantial light or glare from the construction of large, multistoried structures with reflective exterior surfaces. In addition, the security lighting around the facility would have the potential to create an aesthetic impact.

Findings:

Changes or alterations have been required in, or incorporated into, the project that mitigate or avoid the significant effects on the environment related to aesthetics.

Facts:

Incorporation of the mitigation measures described in Section 3.1, Aesthetics, of the EIR would reduce the significant impact to below the level of significance.

Measure Aesthetics-1

The City of Long Beach (City) shall ensure that the potential increase in the amount of light and glare produced due to implementation of the security lighting provided for each element of the project shall be reduced to below the threshold of significance by mandating the design type of the light fixtures, light standard height, and light fixture and standard orientation. The City of Long Beach shall ensure that prior to completion of final plans and specifications for each structural element of the project, lighting plans and specifications shall be submitted to the City of Long Beach Department of Public Works to ensure that all light fixtures shall use glare control visors, arc tube suppression caps, and a photometric design that maintains 70 percent of the light intensity in the lower half of the light beam, or comparable design or technology, to achieve those criteria. The City of Long Beach shall ensure that this requirement applies to all elements of the project: Todd Cancer Institute Phases I and II; Miller Children's Hospital (MCH) pediatric inpatient tower Phases I and II, and central plant building; MCH pediatric outpatient building; MCH link building; roadway realignment; and parking improvements. Completion of this mitigation measure shall be monitored and enforced by the City of Long Beach Department of Public Works.

Measure Aesthetics-2

The City of Long Beach shall ensure that the potential increase in the amount of glare produced due to implementation of the structural elements of the project shall be reduced to below the threshold of significance by mandating the design type of the reflective surface of the buildings, careful selection of exterior building materials, and window glass treatments. The City of Long beach shall also ensure that prior to the completion of final plans and specifications for each structural element of the project, plans and specifications shall be submitted to the City of Long Beach Department of Public Works to ensure that the selection of exterior building materials and window glass treatments would not create uncomfortable levels of glare on public roadways or surrounding redirected areas for the structural elements of the project: Todd Cancer Institute Phases I and II, Miller Children's Hospital (MCH) pediatric inpatient tower Phases I and II, MCH pediatric outpatient building, and MCH link building. Completion of this mitigation measure shall be monitored and enforced by the City of Long Beach Department of Public Works.

III.B CULTURAL RESOURCES

Significant Impact:

Implementation of the project has the potential to result in significant impacts related to paleontological resources, archaeological resources, and human remains.

Findings:

Changes or alterations have been required in, or incorporated into, the project that mitigate or avoid significant effects on the environment related to cultural resources.

Facts:

Incorporation of the mitigation measures described in Section 3.3, Cultural Resources, of the EIR would eliminate or substantially lessen the significant impact to below the level of significance.

Measure Cultural-1

The potential impact to cultural resources related directly or indirectly to the destruction of a unique paleontological resource or unique geologic feature from the project shall be reduced to below the level of significance by the presence of a qualified paleontological monitor during all ground-disturbing activities. The City of Long Beach shall ensure that any paleontological discoveries shall be removed in accordance with standards for such recovery established by the Society of Vertebrate Paleontology.

Where the qualified vertebrate paleontologist identifies the potential for the grading plan to result in impacts to sites recorded to contain unique paleontological resources or sediments with a medium or high potential to contain significant paleontological resources, the City of Long Beach shall require a program for the recovery of the resources. This program must include, but not be limited to, the following:

- The program must include monitoring of excavation in areas likely to contain paleontologic resources by a qualified vertebrate paleontologic monitor. The monitor

shall be equipped to salvage fossils as they are unearthed to avoid construction delays and to remove samples of sediments that are likely to contain the remains of small fossil vertebrates.

- The program must include preparation of recovered specimens to a point of identification, including washing of sediments to recover small fossil vertebrates.

- The program must include identification and curation of specimens into a museum repository with retrievable storage.

- The program must include preparation of a report of findings with an appended, itemized inventory of the specimens. The report and inventory, when submitted to the appropriate lead agency, signifies the completion of the program to mitigate impacts to paleontologic resources.

Measure Cultural-2

The impact to cultural resources related directly or indirectly to the destruction of a unique archaeological resource from the project shall be reduced to below the level of significance by the presence of a qualified archaeological monitor during all ground-disturbing activities within native soils identified as Qal. The City of Long Beach shall ensure that impacts to cultural resources as a result of the potential for earthmoving activity to uncover previously unrecorded archeological resources is below the level of significance through monitoring by a qualified archaeologist of all subsurface operations undertaken in native soils identified as Qal, including but not limited to grading, excavation, trenching, and recording of any previously unrecorded archeological resources encountered during construction. The plans and specifications for all ground-disturbing activities shall identify the need for archeological monitoring and data recovery. The archaeologist shall be on site during any activity when soil is to be moved or exported. The archaeologist shall be authorized to halt the project in the area of a finding, and mark, collect, and evaluate any archaeological materials discovered during construction. In addition, an exploratory archaeological excavation shall be made (i.e., a sample test pit) to assess the presence of cultural resources.

In the event that archaeological resources are encountered by the monitoring archaeologist, the archaeologist shall contact the Gabrielino/Tongva Tribal Council and arrange for a Native American monitor to be present on site during the remainder of excavation activities related to the project.

Copies of any archaeological surveys, studies, or reports of field observation during grading and land modification shall be prepared and certified by the attendant archaeologist and submitted to the South Central Coastal Information Center at California State University Fullerton. Any artifacts recovered during mitigation shall be deposited in an accredited and permanent scientific or educational institution for the benefit of current and future generations.

Measure Cultural-3

The City of Long Beach shall ensure that impacts to cultural resources related to the unanticipated discovery of human remains be reduced to below the level of significance by ensuring that, in the event human remains are encountered, construction in the area of finding shall cease and the remains shall stay in-situ pending definition of an appropriate plan. The Los Angeles County Coroner (Coroner) shall be contacted to determine whether investigation of the cause of death is required. In the event that the remains are of Native American origin, the Native American Heritage Commission shall be

contacted to determine necessary procedures for protection and preservation of remains, including reburial, as provided in the State CEQA Guidelines, Section 15064.5(e), "CEQA and Archaeological Resources," CEQA Technical Advisory Series.[1]

In the event of accidental discovery or recognition of any human remains in any location other than a dedicated cemetery, the following steps shall be taken:

There shall be no further excavation or disturbance of the site or any nearby area reasonably suspected to overlie adjacent human remains until:

(A) The Coroner must be contacted to determine that no investigation of the cause of death is required, and

(B) If the Coroner determines the remains to be Native American:

1. The Coroner shall contact the Native American Heritage Commission within 24 hours.

2. The Native American Heritage Commission shall identify the person or persons it believes to be the most likely descended from the deceased Native American.

3. The most likely descendent may make recommendations to the landowner or the person responsible for the excavation work, for means of treating or disposing of, with appropriate dignity, the human remains and any associated grave goods as provided in Public Resources Code Section 5097.98.

4. Where the following conditions occur, the landowner or his/her authorized representative shall rebury the Native American human remains and associated grave goods, with appropriate dignity, in the property in a location not subject to further subsurface disturbance:

   (a) The Native American Heritage Commission is unable to identify a most likely descendent or the most likely descendent failed to make a recommendation within 24 hours after being notified by the commission.

   (b) The descendant in identified fails to make a recommendation.

   (c) The landowner or his/her authorized representative rejects the recommendation of the descendent, and the mediation by the Native American Heritage Commission fails to provide measures acceptable to the landowner.

[1] California Resources Agency. 16 September 2004. California Environmental Quality Act, Article 5, §15064.5(e): "Determining the Significance of Impacts to Archeological and Historical Resources." Available at: http://ceres.ca.gov/topic/env_law/ceqa/guidelines/art5.html

III.C GEOLOGY AND SOILS

Significant Impact:

Implementation of the project has the potential to result in significant impacts related to geology and soils.

Findings:

Changes or alterations have been required in, or incorporated into, the project that mitigate or avoid the significant effects on the environment related to geology and soils.

Facts:

Incorporation of the mitigation measures described in Section 3.4, Geology and Soils, of the EIR would eliminate or substantially lessen the significant impact to below the level of significance.

Measure Geology-1

The City of Long Beach shall reduce the exposure of people or property to potentially adverse effects, including the risk of loss or injury, involving seismic ground shaking from the operation of the Miller Children's Hospital (MCH) pediatric inpatient tower, Phases I and II, and the central plant building. Exposure shall be minimized through conformance with California Geological Survey's Guidelines for Evaluating and Mitigating Seismic Hazards in California and all applicable City of Long Beach codes and regulations related to seismic activity. The MCH shall ensure that the site-specific geotechnical investigations for the MCH pediatric inpatient tower, Phases I and II, and the central plant building are incorporated into project plans and specifications. Prior to approval of final plans and specifications for the MCH pediatric inpatient tower, Phases I and II, and the central plant building, the Office of Statewide Health Planning and Development shall review and ensure that all recommendations of the site-specific geotechnical recommendations are incorporated into the final plans and specifications.

Measure Geology-2

The City of Long Beach shall reduce the exposure of people or property to potentially adverse effects, including the risk of loss or injury, involving seismic ground shaking from the operation of the Miller Children's Hospital (MCH) pediatric outpatient building, the MCH link building, the Todd Cancer Institute (TCI) Phases I and II, and the parking structure. Exposure shall be minimized through conformance with California Geological Survey's Guidelines for Evaluating and Mitigating Seismic Hazards in California and all applicable City of Long Beach codes and regulations related to seismic activity. The Long Beach Memorial Medical Center (LBMMC) and the MCH shall ensure that the site-specific geotechnical investigations for the MCH pediatric outpatient building, the MCH link building, the TCI Phases I and II, and the parking structure are incorporated into project plans and specifications. Prior to approval of final plans and specifications for the MCH pediatric outpatient building, the MCH link building, the TCI Phases I and II, and the parking structure, the City of Long Beach Department of Public Works shall review and ensure that all recommendations of the site-specific geotechnical recommendations are incorporated into the final plans and specifications.

Measure Geology-3

The City of Long Beach shall reduce the exposure of people or property to potentially adverse effects, including the risk of loss or injury, involving geologic hazards related to liquefaction from seismic ground shaking from the operation of the Miller Children's Hospital (MCH) pediatric inpatient tower, Phases I and II, and the central plant building. Exposure shall be minimized through conformance with all applicable State of California and City of Long Beach codes and regulations. The MCH shall ensure that the site-specific geotechnical investigations for the MCH pediatric inpatient tower, Phases I and II, and the central plant building are incorporated into project plans and specifications. Prior to approval of final plans and specifications for the MCH pediatric inpatient tower, Phases I and II, and the central plant building, the Office of Statewide Health Planning and Development shall review and ensure that all recommendations of the site-specific geotechnical recommendations are incorporated into the final plans and specifications.

Measure Geology-4

The City of Long Beach shall reduce the exposure of people or property to potentially adverse effects, including the risk of loss or injury, involving geologic hazards related to liquefaction from seismic ground shaking from the operation of the Miller Children's Hospital (MCH) pediatric outpatient building, the MCH link building, the Todd Cancer Institute (TCI) Phases I and II, and the parking structure. Exposure shall be minimized through conformance with all applicable State of California and City of Long Beach codes and regulations. The Long Beach Memorial Medical Center (LBMMC) and the MCH shall ensure that the site-specific geotechnical investigations for the MCH pediatric outpatient building, the MCH link building, the TCI Phases I and II, and the parking structure are incorporated into project plans and specifications. Prior to approval of final plans and specifications for the MCH pediatric outpatient building, the MCH link building, the TCI Phases I and II, and the parking structure, the City of Long Beach Department of Public Works shall review and ensure that all recommendations of the site-specific geotechnical recommendations are incorporated into the final plans and specifications.

Measure Geology-5

The City of Long Beach Department of Planning and Building shall require the construction contractor to implement best management practices that are consistent with the National Pollution Discharge Elimination System (NPDES) Permit No. CAS 004003 to avoid soil erosion during construction of the Miller Children's Hospital (MCH) pediatric inpatient tower Phases I and II, and the central plant building. Prior to approval of final plans and specifications, the Office of Statewide Health Planning and Development (OSHPD) shall ensure that the requirement to comply with NPDES Permit No. CAS 004003 is included in the specifications. The OSHPD Inspector of Record shall monitor construction to ensure compliance with NPDES Permit No. CAS 004003.

Measure Geology-6

The City of Long Beach Department of Planning and Building shall require the construction contractor to implement best management practices that are consistent with the National Pollution Discharge Elimination System (NPDES) Permit No. CAS 004003 to avoid soil erosion during construction of the Todd Cancer Institute (TCI) Phases I and II, the Miller Children's Hospital (MCH) pediatric outpatient building and utility trench, the MCH link building, the roadway realignment, the on-site parking areas (Lots N, P, Q, R, S, and T), and the parking structure. Prior to approval of final plans and specifications, the City of Long Beach Department of Planning and Building shall ensure that the requirement to

comply with NPDES Permit No. CAS 004003 is included in the specifications. The City of Long Beach Department of Planning and Building shall monitor construction to ensure compliance with NPDES Permit No. CAS 004003.

III.D HAZARDS AND HAZARDOUS MATERIALS

Significant Impact:

Implementation of the project has the potential to result in significant impacts related to the accidental release of hazardous materials during construction, rehabilitation, demolition, and the related transportation of construction debris.

Findings:

Changes or alterations have been required in, or incorporated into, the project that mitigate or avoid the significant effects on the environment related to hazards and hazardous materials.

Facts:

Incorporation of the mitigation measures described in Section 3.5, Hazards and Hazardous Materials, of the EIR would eliminate or substantially lessen the significant impact to below the level of significance.

Measure Hazards-1

The Office of Statewide Health Planning and Development shall ensure avoidance of exposure to asbestos-containing materials (ACMs) and lead-based paints (LBPs) during demolition, construction, and remediation activities, the City of Long Beach and the Office of Statewide Health Planning and Development shall require that all such materials and wastes be identified and that an Operations and Maintenance (O&M) Plan be developed prior to the issuance of demolition permits for each structure constructed prior to 1979. The O&M Plan shall ensure compliance with all applicable federal, state, and local requirements and specify all work to be done, including lead and asbestos surveys of structures to be demolished, proper handling and storage of lubricants and fuels for construction equipment, and methods for remediation of ACMs and LBPs, if necessary. The O&M Plan must be submitted to the City of Long Beach Department of Health for review and approval prior to initiation of construction and demolition activities for the Miller Children's Hospital pediatric inpatient tower and central plant building, and the construction of parking lots requiring the demolition of pre-1979 constructed buildings. The O&M Plan shall, as appropriate and necessary, conform to the requirements of the Los Angeles County Department of Health Services (Local Enforcement Agency for landfills), South Coast Air Quality Management District, the Los Angeles Regional Water Quality Control Board, and the Department of Toxic Substances Control. Compliance with the O&M Plan shall be monitored by the City of Long Beach Department of Planning and Building throughout construction and demolition.

Measure Hazards-2

The Office of Statewide Health Planning and Development shall require that petroleum hydrocarbon–contaminated soils and water be tested, treated, and disposed as necessary under the oversight of the Department of Toxic Substances Control (DTSC) to reduce the potential for exposure of people or property to petroleum hydrocarbon–contaminated soils and water. The OSHPD shall review plans and

specifications for those elements of the project to be constructed over unclassified fill: the Miller Children's Hospital (MCH) pediatric inpatient tower Phase I, the central plant building, and the utility trench. The OSHPD shall ensure that the project plans and specifications disclose the potential to encounter petroleum hydrocarbon–contaminated soils and water, and require the construction contractor to remove petroleum hydrocarbon–contaminated soils and water within the construction zone, in accordance with all applicable federal, state, and local statutes and regulations and consistent with specifications of the Voluntary Clean-up Agreement between the Long Beach Memorial Medical Center and DTSC.

Measure Hazards-3

The City of Long Beach shall require that petroleum hydrocarbon–contaminated soils and water be tested, treated, and disposed of as necessary under the oversight of the Department of Toxic Substances Control (DTSC). The City of Long Beach shall review plans and specifications for those elements of the project to be constructed over unclassified fill: the Miller Children's Hospital (MCH) pediatric outpatient building, the MCH link building, and the Todd Cancer Institute Phases I and II. The City of Long Beach shall ensure that the project plans and specifications disclose the potential to encounter petroleum hydrocarbon–contaminated soils and water, and require the construction contractor to remove petroleum hydrocarbon–contaminated soils and water within the construction zone, in accordance with all applicable federal, state, and local statutes and regulations and consistent with specifications of the Voluntary Clean-up Agreement between the Long Beach Memorial Medical Center and DTSC.

Measure Hazards-4

The project applicant and remediation contractor shall identify oil wells underlying the Miller Children's Hospital (MCH) pediatric inpatient tower Phase I, the central plant building, and the utility trench. The oil wells shall be properly abandoned to the current standards of the California Department of Conservation, Division of Oil, Gas, and Geothermal Resources (DOGGR). The project applicant shall ensure that coordination with the DOGGR and proper remediation be incorporated into the construction plans, prior to final approval of plans for the MCH pediatric inpatient building Phase I, the central plant building, and the utility trench. If the oil wells cannot be identified through site survey by a licensed surveyor, excavation shall be undertaken to locate the wells under the oversight of the DOGGR and/or the Office of Statewide Health Planning and Development. If the abandoned oil wells are determined to be leaking, remediation shall be conducted to seal all leaks or venting systems shall be required to transmit gas safely away from the project site, in accordance with specifications of the Voluntary Clean-up Agreement between the Long Beach Memorial Medical Center and the Department of Toxic Substances Control.

Measure Hazards-5

The remediation contractor shall identify oil wells underlying the Miller Children's Hospital (MCH) pediatric outpatient building, the MCH link building, and the Todd Cancer Institute Phases I and II. The oil wells shall be properly abandoned to the current standards of the California Department of Conservation, Division of Oil, Gas, and Geothermal Resources (DOGGR). The project applicant shall ensure that coordination with the DOGGR and proper remediation be incorporated into the construction plans, prior to final approval of plans for the MCH pediatric outpatient building, the MCH link building, and the Todd Cancer Institute Phases I and II. If the oil wells cannot be identified through site survey by a licensed surveyor, excavation shall be undertaken to locate the wells under the oversight of the DOGGR and/or the City of Long Beach. If the abandoned oil wells are determined to

be leaking, remediation shall be conducted to seal all leaks or venting systems shall be required to transmit gas safely away from the project site, in accordance with specifications of the Voluntary Clean-up Agreement between the Long Beach Memorial Medical Center and the Department of Toxic Substances Control.

Measure Hazards-6

The Office of Statewide Health Planning and Development (OSHPD) shall require the installation of vapor barriers (i.e., high-density polyethylene membrane liners) and passive venting systems in the foundations of the Miller Children's Hospital pediatric inpatient tower and central plant building, if determined to be required by the Health Risk Assessment to mitigate potential accumulation of methane, hydrogen sulfide, or other petroleum-related gases into underground areas (i.e., basements) or inside buildings. Prior to the issuance of building permits for the specified buildings, the OSHPD shall review the plans and specifications to ensure that the appropriate vapor barriers or passive venting systems have been incorporated into the design and are consistent with specifications of the Voluntary Clean-up Agreement between the Long Beach Memorial Medical Center and the Department of Toxic Substances Control.

Measure Hazards-7

The City of Long Beach shall require the installation of vapor barriers (i.e., high-density polyethylene membrane liners) and passive venting systems in the foundations of the Miller Children's Hospital (MCH) pediatric outpatient building and the Todd Cancer Institute Phases I and II, if determined to be required by the Health Risk Assessment to mitigate potential accumulation of methane, hydrogen sulfide, or other petroleum-related gases into underground areas (i.e., basements) or inside buildings. The City of Long Beach shall review the plans and specifications to ensure that the appropriate vapor barriers or passive venting systems have been incorporated into the design and are consistent with specifications of the Voluntary Clean-up Agreement between the Long Beach Memorial Medical Center and the Department of Toxic Substances Control prior to the issuance of building permits for the specified buildings.

Measure Hazards-8

The Office of Statewide Health Planning and Development shall review the grading plans to ensure that there is a note requiring the construction contractor to stop work and notify the Certified Unified Program Agency of the unanticipated encounter of underground storage tanks (USTs) during grading activities prior to the issuance of grading permits for the Miller Children's Hospital pediatric inpatient tower, central plant building, and utility trench. The UST shall be remediated in accordance with County of Los Angeles guidelines and consistent with specifications of the Voluntary Clean-up Agreement between the Long Beach Memorial Medical Center and the Department of Toxic Substances Control.

Measure Hazards-9

The City of Long Beach shall review the grading plans to ensure that there is a note requiring the construction contractor to stop work and notify the Certified Unified Program Agency of the unanticipated encounter of underground storage tanks (USTs) during grading activities prior to the issuance of grading permits for the permits for the Miller Children's Hospital (MCH) pediatric outpatient building, the MCH link building, and the Todd Cancer Institute Phases I and II. The City of Long Beach shall review the grading plans to ensure that the UST shall be remediated in accordance

with County of Los Angeles guidelines and consistent with specifications of the Voluntary Clean-up Agreement between the Long Beach Memorial Medical Center and the Department of Toxic Substances Control.

Measure Hazards-10

The City of Long Beach shall require that the construction contractor and the Long Beach Memorial Medical Center (LBMMC) store, use, and transport all hazardous materials in compliance with all relevant regulations and guidelines to avoid exposure to asbestos-containing materials, lead-based paints, petroleum hydrocarbon–contaminated soils, biomedical waste, and radiological waste during routine transport and disposal for both the construction phase and operational phase of the project. The routine transport of hazardous materials to and from the LBMMC campus during construction and operation of the elements of the project shall be accomplished via Atlantic Avenue, Spring Street, Columbia Street, Patterson Street, 27th Street, and Willow Street. Compliance shall be determined by monitoring by regulatory agencies. Transport, storage, and handling of construction-related hazardous materials shall be consistent with the guidelines provided by the California Department of Transportation, Los Angeles Regional Water Quality Control Board, the South Coast Air Quality Management District, and the Certified Unified Program Agency. Each agency shall regulate and enforce, through permitting and record keeping, the monitoring and enforcement of this mitigation measure.

Measure Hazards-11

The City of Long Beach shall require the identification of an alternative emergency water supply source, evacuation routes, and emergency response vehicle routes during roadway realignment and upon expansion of the Miller Children's Hospital facility to avoid impacts on the existing emergency response and evacuation plan. The revised emergency response and evacuation plan shall be updated by the construction contractor prior to initiation of construction activities.

Measure Hazards-12

The Office of Statewide Health Planning and Development shall require that volatile organic compounds (VOCs) be monitored during excavation requested for the Miller Children's Hospital pediatric inpatient tower, central plant building, and utility trench, in compliance with the South Coast Air Quality Management District Rule 1166 or Rule 1150, which sets requirements to control the emission of VOCs from excavating, grading, handling, and treating VOC-contaminated soil to avoid exposure to chemicals of potential concern (COPCs) in the soil. The procedures for removing, handling, and disposing of petroleum hydrocarbon–contaminated soil and water shall include and require adherence to health and safety protocols (e.g., no eating in the construction zone, use of personal protective equipment) as provided in a site health and safety plan, as well as monitoring and control of emissions of COPCs that may occur during the construction work.

Measure Hazards-13

The City of Long Beach shall require that volatile organic compounds (VOCs) be monitored during excavation requested for the Miller Children's Hospital (MCH) pediatric outpatient building, the MCH link building, and the Todd Cancer Institute Phases I and II, in compliance with the South Coast Air Quality Management District Rule 1166 or Rule 1150, which sets requirements to control the emission of VOCs from excavating, grading, handling, and treating VOC-contaminated soil. The procedures for removing, handling, and disposing of petroleum hydrocarbon–contaminated soil and water shall

include and require adherence to health and safety protocols (e.g., no eating in the construction zone, use of personal protective equipment) as provided in a site health and safety plan, as well as monitoring and control of emissions of COPCs that may occur during the construction work.

Measure Hazards-14

The Office of Statewide Health Planning and Development shall review final plans and specifications for the Miller Children's Hospital pediatric inpatient tower, central plant building, and utility trench, and provide comments on the plans and specifications to ensure compliance with all requirements resulting from the Voluntary Clean-up Agreement between the Long Beach Memorial Medical Center and the Department of Toxic Substances Control at least 30 days prior to approval. At a minimum, the Office of Statewide Health Planning and Development shall send the plans and specifications for the Miller Children's Hospital pediatric inpatient tower, central plant building, and utility trench to the Long Beach Water Department and Long Beach Department of Health and Human Services Cross-Connection/Water Program to ensure compliance with the cross-connection requirements, inspections, and the separation criteria.

Measure Hazards-15

The City of Long Beach shall review the plans and specifications to ensure compliance with all requirements resulting from the Voluntary Clean-up Agreement between the Long Beach Memorial Medical Center and the Department of Toxic Substances Control. Prior to approval of final plans and specifications for the Miller Children's Hospital link building and the Todd Cancer Institute Phases I and II, the City of Long Beach shall send the plans and specifications for the Miller Children's Hospital pediatric outpatient building, link building, and Todd Cancer Institute to the Long Beach Water Department and Long Beach Department of Health and Human Services' Cross-Connection/Water Program to ensure compliance with the cross-connection requirements, inspections, and the separation criteria.

III.E HYDROLOGY AND WATER QUALITY

Significant Impact:

Implementation of the project has the potential to result in significant impacts to surface water quality from the transportation of silt and pollutants from the construction area during construction and operation of the project.

Findings:

Changes or alterations have been required in, or incorporated into, the project that mitigate or avoid the significant effects on the environment related to hydrology and water quality.

Facts:

Incorporation of the mitigation measures described in Section 3.6, Hydrology and Water Quality, of the EIR would eliminate or substantially lessen the significant impact to below the level of significance.

Measure Hydro-1

The Office of Statewide Health Planning and Development (OSHPD) shall require the construction contractor to avoid erosion, transport of pollutants, and siltation during construction of the Miller Children's Hospital pediatric inpatient tower Phases I and II, utility trench, and central plant building. Prior to final grading plans, the OSHPD shall ensure that the plans and specifications require the construction contractor to comply with the revised General Construction Activity Storm Water Permit. Such compliance measures would, at a minimum, include the preparation of a Notice of Intent and the implementation of a Local Storm Water Pollution Prevention Plan (SWPPP) and a Wet Season Erosion Control Plan (for work between October 15 and April 15). These plans shall incorporate all applicable best management practices (BMPs), as described in the California Storm Water Best Management Practice Handbook, Construction Activity, into the construction phase of the project. Prior to construction, temporary measures must be implemented to prevent transport of Pollutants of Concern from the construction site to the storm drainage system. The BMPs shall apply to both the actual work areas and contractor staging areas. Selection of construction-related BMPs would be in accordance with the requirements of the City of Long Beach Storm Water Program, Development Best Management Practices Handbook.

Measure Hydro-2

The City of Long Beach Department of Public Works shall require the construction contractor to avoid erosion, transport of pollutants, and siltation during construction of the Miller Children's Hospital (MCH) pediatric outpatient building, the MCH link building, the Todd Cancer Institute Phases I and II, the roadway realignment, and the parking areas. Prior to final grading plans, the City of Long Beach Department of Public Works shall ensure that the plans and specifications require the construction contractor to comply with the revised General Construction Activity Storm Water Permit. Such compliance measures would, at a minimum, include the preparation of a Notice of Intent and the implementation of a Local Storm Water Pollution Prevention Plan (SWPPP) and a Wet Season Erosion Control Plan (for work between October 15 and April 15). These plans shall incorporate all applicable best management practices (BMPs), as described in the California Storm Water Best Management Practice Handbook, Construction Activity, into the construction phase of the project. Prior to construction, temporary measures must be implemented to prevent transport of Pollutants of Concern from the construction site to the storm drainage system. The BMPs shall apply to both the actual work areas and contractor staging areas. Selection of construction-related BMPs would be in accordance with the requirements of the City of Long Beach Storm Water Program, Development Best Management Practices Handbook.

Measure Hydro-3

The Office of Statewide Health Planning and Development shall review the final grading plans for the Miller Children's Hospital pediatric inpatient tower Phases I and II, utility trench, and central plant building to ensure that the plans and specifications require the construction contractor to prepare a Standard Urban Storm Water Management Plan (SUSMP) for construction activities and to implement best management practices (BMPs) for construction, materials, and waste-handling activities, which include the following:

- Schedule excavation, grading, and paving activities for dry weather periods.
- Control the amount of runoff crossing the construction site by means of berms and drainage ditches to divert water flow around the site.

- Identify potential pollution sources from materials and wastes that will be used, stored, or disposed of on the job site.
- Inform contractors and subcontractors about the clean storm water requirements and enforce their responsibilities in pollution prevention.

The construction contractor shall incorporate SUSMP requirements and BMPs to mitigate storm water runoff that include, but are not limited to, the following:

- The incorporation of bioretention facilities located within the project area
- The incorporation of catch basin filtration systems
- The use of porous pavements to reduce runoff volume

Measure Hydro-4

The City of Long Beach Department of Public Works shall review the final grading plans prior to grading for the Miller Children's Hospital (MCH) pediatric outpatient building, the MCH link building, the Todd Cancer Institute Phases I and II, the roadway realignment, and the parking areas to ensure that the plans and specifications require the construction contractor to prepare a Standard Urban Storm Water Management Plan (SUSMP) for construction activities and to implement best management practices (BMPs) for construction, materials, and waste-handling activities, which include the following:

- Schedule excavation, grading, and paving activities for dry weather periods.
- Control the amount of runoff crossing the construction site by means of berms and drainage ditches to divert water flow around the site.
- Identify potential pollution sources from materials and wastes that will be used, stored, or disposed of on the job site.
- Inform contractors and subcontractors about the clean storm water requirements and enforce their responsibilities in pollution prevention.

The construction contractor shall incorporate SUSMP requirements and BMPs to mitigate storm water runoff that include, but are not limited to, the following:

- The incorporation of bioretention facilities located within the project area
- The incorporation of catch basin filtration systems
- The use of porous pavements to reduce runoff volume

Measure Hydro-5

The Office of Statewide Health Planning and Development (OSHPD) shall require the construction contractor to undertake daily street sweeping and trash removal throughout the construction of the Miller Children's Hospital pediatric inpatient tower Phases I and II, utility trench, and central plant building. The purpose of the street sweeping and trash removal shall be to avoid degradation of water quality. Prior to the completion of final plans and specifications, the OSHPD shall review the plans and specifications to ensure that the construction documents include a requirement that the construction contractor provide daily street sweeping and trash removal to prevent degradation of water quality.

Measure Hydro-6

The City of Long Beach Department of Public Works shall require the construction contractor to undertake daily street sweeping and trash removal throughout the construction of the Miller Children's Hospital (MCH) pediatric outpatient building, the MCH link building, the Todd Cancer Institute Phases I and II, the roadway realignment, and the parking areas. The purpose of the street sweeping and trash removal shall be to avoid degradation of water quality. Prior to the completion of final plans and specifications, the City of Long Beach Department of Public Works shall review the plans and specifications for the project to ensure that the construction documents include a requirement that the construction contractor provide daily street sweeping and trash removal to prevent degradation of water quality.

Measure Hydro-7

The City of Long Beach shall identify potential impacts to hydrology and water quality related to the construction of the project. Degradation of water quality during construction of the project shall be reduced to below the level of significance through the requirement to conduct a detailed hydrology study based on the final site plans and to implement the recommendations, or comparable measures, into the plans and specifications for each project element prior to final approval by the City of Long Beach Department of Public Works. The hydrology study shall be prepared by a certified civil engineer, and a draft report, including recommendations, shall be submitted to the City of Long Beach Department of Public Works for review. The City of Long Beach Department of Public Works shall provide comments, if any, within 14 days of receiving the draft hydrology study. Monitoring and enforcement shall be the responsibility of the City of Long Beach Department of Public Works.

Measure Hydro-8

If perched groundwater that requires dewatering is encountered during construction of the Miller Children's Hospital (MCH) pediatric inpatient tower, MCH pediatric outpatient tower, MCH link building, or central plant building, the California Regional Water Quality Control Board, Los Angeles Region (RWQCB) shall require the construction contractor to comply with general waste discharge requirements and national pollutant discharge elimination system (NPDES) permit requirements. If analytical results from the perched groundwater indicate that pollutants are present at levels above the NPDES thresholds, then treatment and proper disposal, under approval and oversight by the RWQCB, shall be conducted prior to discharge of groundwater to surface waters.

III.F NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM

Significant Impact:

Implementation of the project has the potential to result in significant impacts to National Pollution Discharge Elimination System (NPDES) from the transportation of silt and pollutants from the construction area during construction and operation of the project.

Findings:

Changes or alterations have been required in, or incorporated into, the project that mitigate or avoid the significant effects on the environment related to NPDES.

Measure Air-1

As part of the request for the demolition permit for the 86-car parking structure, the WIC Building, and existing structures located in areas specified for development of surface parking areas Q, R, S, and T, the Long Beach Memorial Medical Center shall demonstrate that asbestos-containing materials (ACM) in these structures have been identified and adequately abated, or that the contractor has been informed of the need to identify and abate ACM consistent with the requirements of South Coast Air Quality Management District (SCAQMD) Rule 1403. Specifically, all ACM shall be removed and encapsulated prior to demolition, such that no asbestos fibers are released.

Measure Air-2

Prior to advertising for construction bids for each structural element of the project, the plans and specifications shall be reviewed by the lead agency to ensure that the requirement to comply with South Coast Air Quality Management District (SCAQMD) regulations, including Rule 1403, Rule 402, and Rule 403, is included. The Office of Statewide Health Planning and Development shall be the lead agency for the Miller Children's Hospital (MCH) pediatric inpatient tower Phases I and II, central plant building, and utility trench. The City of Long Beach shall be the lead agency for the Todd Cancer Institute Phases I and II, the MCH pediatric outpatient building, the MCH link building, the roadway realignment, and the parking facilities. The specifications shall require the construction contractor to present a Rule 402/Rule 403 compliance plan at the construction start-up meeting, prior to demolition, construction staging, or grading. The Rule 402/Rule 403 compliance plan shall include mitigation measures Air-2 through Air-12, or comparable measures to prevent nuisance dust and visible emissions. The construction activities related to the project shall comply with SCAQMD regulations, including Rule 1403, Rule 402, and Rule 403. Rule 402 specifies that there shall be no dust impacts off site that would be sufficient to cause a nuisance. Rule 403 specifies that construction activities shall restrict visible emissions from occurring. The contractor's Rule 402/Rule 403 compliance plan shall be subject to approval by the City of Long Beach. Weekly inspections shall be undertaken by the City of Long Beach to ensure conformance with the approved Rule 402/Rule 403 compliance plan.

Measure Air-3

Soil moistening shall be required to treat exposed soil during construction of each element of the project to avoid fugitive dust emissions, ensure compliance with current air quality standards, and avoid contributions to cumulative increases in criteria pollutants. Prior to advertising for construction bids for each element of the project, the plans and specifications shall be reviewed by the lead agency to ensure that the requirement for the construction contractor to ensure that soil is moistened prior to grading and that soil moisture content is maintained at a minimum of 12 percent for all grading activities is included. The Office of Statewide Health Planning and Development shall be the lead agency for the Miller Children's Hospital (MCH) pediatric inpatient tower Phases I and II, central plant building, and utility trench. The City of Long Beach shall be the lead agency for the Todd Cancer Institute Phases I and II, the MCH pediatric outpatient building, the MCH link building, the roadway realignment, and the parking facilities. The construction contractor shall demonstrate compliance with this measure through the submission of weekly monitoring reports to the lead agency. At a minimum, active operations shall utilize one or more of the applicable best available control measures to minimize fugitive dust emissions from each fugitive dust source type that is part of the active operation.

Measure Air-4

Soil moistening shall be required to treat grading areas during construction of each element of the project to avoid fugitive dust emissions, ensure compliance with current air quality standards, and avoid contributions to cumulative increases in criteria pollutants. Prior to advertising for construction bids for each element of the project, the lead agency shall ensure that the plans and specifications for each element of the project include the requirement for the construction contractor to ensure that soil shall be moistened not more than 15 minutes prior to the daily commencement of soil-moving activities and three times a day, or four times a day under windy conditions, in order to maintain a soil moisture content of 12 percent. The Office of Statewide Health Planning and Development shall be the lead agency for the Miller Children's Hospital (MCH) pediatric inpatient tower Phases I and II, central plant building, and utility trench. The City of Long Beach shall be the lead agency for the Todd Cancer Institute Phases I and II, MCH pediatric outpatient building, MCH link building, roadway realignment, and parking facilities.

Measure Air-5

Application of water or a chemical stabilizer shall be required to treat grading areas during construction of each element of the project to avoid fugitive dust emissions, ensure compliance with current air quality standards, and avoid contributions to cumulative increases in criteria pollutants. Prior to advertising for construction bids for each element of the project, the lead agency shall ensure that the plans and specifications for each element of the project include the requirement for the construction contractor to apply water or a chemical stabilizer to maintain a stabilized surface on the last day of active operations prior to a weekend or holiday. The Office of Statewide Health Planning and Development shall be the lead agency for the Miller Children's Hospital (MCH) pediatric inpatient tower Phases I and II, central plant building, and utility trench. The City of Long Beach shall be the lead agency for the Todd Cancer Institute Phases I and II, the MCH pediatric outpatient building, the MCH link building, the roadway realignment, and the parking facilities.

Measure Air-6

Moistening or covering of excavated soil piles shall be required to treat grading areas during construction of each element of the project to avoid fugitive dust emissions, ensure compliance with current air quality standards, and avoid contributions to cumulative increases in critical pollutants. Prior to advertising for construction bids for the project, the lead agency shall ensure that the plans and specifications for each element of the project include the requirement for the construction contractor to ensure that excavated soil piles are watered hourly for the duration of construction or covered with temporary coverings. The Office of Statewide Health Planning and Development shall be the lead agency for the Miller Children's Hospital (MCH) pediatric inpatient tower Phases I and II, central plant building, and utility trench. The City of Long Beach shall be the lead agency for the Todd Cancer Institute Phases I and II, the MCH pediatric outpatient building, the MCH link building, roadway realignment, and the parking facilities.

Measure Air-7

Discontinuing grading activities during windy conditions shall be required to treat grading areas during construction of each element of the project to avoid fugitive dust emissions, ensure compliance with current air quality standards, and avoid contributions to cumulative increases in critical pollutants. Prior to advertising for construction bids for each element of the project, the lead

agency shall ensure that the plans and specifications for each element of the project include the requirement for the construction contractor to cease grading during periods when winds exceed 25 miles per hour. The Office of Statewide Health Planning and Development shall be the lead agency for the Miller Children's Hospital (MCH) pediatric inpatient tower Phases I and II, central plant building, and utility trench. The City of Long Beach shall be the lead agency for the Todd Cancer Institute Phases I and II, the MCH pediatric outpatient building, the MCH link building, the roadway realignment, and the parking facilities.

Measure Air-8

Moistening excavated soil prior to loading on trucks shall be required at all grading areas during construction of each element of the project to avoid fugitive dust emissions, ensure compliance with current air quality standards, and avoid contributions to cumulative increases in critical pollutants. Prior to advertising for construction bids for the project, the lead agency shall ensure that the plans and specifications for each element of the project include the requirement for the construction contractor to moisten excavated soil prior to loading on trucks. The Office of Statewide Health Planning and Development shall be the lead agency for the Miller Children's Hospital (MCH) pediatric inpatient tower Phases I and II, central plant building, and utility trench. The City of Long Beach shall be the lead agency for the Todd Cancer Institute Phases I and II, the MCH pediatric outpatient building, the MCH link building, the roadway realignment, and the parking facilities.

Measure Air-9

Transport of soils to and from the project site for each element of the project shall be conducted in a manner that avoids fugitive dust emissions, ensures compliance with current air quality standards, and avoids contributions to cumulative increases in criteria pollutants. Prior to advertising for construction bids for each element of the project, the lead agency shall ensure that the plans and specifications for each element of the project include the requirement for the construction contractor to cover all loads of dirt leaving the site or to leave sufficient freeboard capacity in the truck to prevent fugitive dust emissions en route to the disposal site. The Office of Statewide Health Planning and Development shall be the lead agency for the Miller Children's Hospital (MCH) pediatric inpatient tower Phases I and II, central plant building, and utility trench. The City of Long Beach shall be the lead agency for the Todd Cancer Institute Phases I and II, the MCH pediatric outpatient building, the MCH link building, the roadway realignment, and the parking facilities.

Measure Air-10

Washing of wheels leaving the construction site during construction of each element of the project shall be required to avoid fugitive dust emissions, ensure compliance with current air quality standards, and avoid contributions to cumulative increases in criteria pollutants. The lead agency shall ensure that the plans and specifications for each element of the project include the requirement for the construction contractor to clean adjacent streets of tracked dirt at the end of each workday or install on-site wheel-washing facilities. The Office of Statewide Health Planning and Development shall be the lead agency for the Miller Children's Hospital (MCH) pediatric inpatient tower Phases I and II, central plant building, and utility trench. The City of Long Beach shall be the lead agency for the Todd Cancer Institute Phases I and II, the MCH pediatric outpatient building, the MCH link building, the roadway realignment, and the parking facilities.

Measure Air-11

Turning off engines and equipment when not in use shall be required to reduce vehicular emissions during construction of each element of the project. Prior to advertising for construction bids for the project, the lead agency shall ensure that the plans and specifications for each element of the project include the requirement for the construction contractor to reduce idling emissions by turning off equipment and truck engines when not in use for five minutes or more. The Office of Statewide Health Planning and Development shall be the lead agency for the Miller Children's Hospital (MCH) pediatric inpatient tower Phases I and II, central plant building, and utility trench. The City of Long Beach shall be the lead agency for the Todd Cancer Institute Phases I and II, the MCH pediatric outpatient building, the MCH link building, the roadway realignment, and the parking facilities.

Measure Air-12

Concurrent use of multiple pieces of heavy equipment beyond the levels described in the construction scenarios shall be prohibited to the maximum extent feasible to reduce vehicular emissions. Prior to advertising for construction bids for each element of the project, the lead agency shall ensure that the plans and specifications include the requirement to minimize to the maximum extent practicable the concurrent use of multiple pieces of heavy equipment for each element of the project during construction activities. The Office of Statewide Health Planning and Development shall be the lead agency for the Miller Children's Hospital (MCH) pediatric inpatient tower Phases I and II, central plant building, and utility trench. The City of Long Beach shall be the lead agency for the Todd Cancer Institute Phases I and II, the MCH pediatric outpatient building, the MCH link building, the roadway realignment, and the parking facilities.

Measure Air-13

Carpooling and use of public transportation shall be encouraged to reduce vehicular emissions. The lead agency shall ensure that the plans and specifications include the requirement for the construction contractor to encourage construction workers to use public transit and carpools. The Office of Statewide Health Planning and Development shall be the lead agency for the Miller Children's Hospital (MCH) pediatric inpatient tower Phases I and II, central plant building, and utility trench. The City of Long Beach shall be the lead agency for the Todd Cancer Institute Phases I and II, the MCH pediatric outpatient building, the MCH link building, the roadway realignment, and the parking facilities.

IV.B TRAFFIC AND TRANSPORTATION

Significant Impact:

The EIR has determined that the project would result in significant levels of traffic and transportation impacts. Implementation of mitigation measures Transportation-1 and Transportation-2 would reduce significant impacts related to traffic and transportation to below the level of significance. The EIR identified that the project would impact 10 of the surrounding intersections, 3 of which cannot be mitigated to below the level of significance for the year 2008 planning horizon. The impacts to 3 of the 10 intersections would not be mitigated to below the level of significance for the year 2014 planning horizon. The infeasibility of reducing impacts to below the level of significance is largely related to insufficient right-of-way to install additional physical improvements to increase the capacity

of the intersections. The land on each of the four corners is owned by private parties other than the City of Long Beach or LBMMC. These intersections would be a significant, unavoidable, adverse impact of the project.

Findings:

A Statement of Overriding Considerations has been prepared (see Section IX of this document) to address the unavoidable impacts related to traffic and transportation.

Fact:

As discussed in Section 3.11, Transportation, in the EIR, implementation of mitigation measures Transportation-1 and Transportation-2 would reduce significant impacts related to traffic and transportation to below the level of significance. Mitigation measure Transportation-1 includes recommended improvements for year 2008, while mitigation measure Transportation-2 includes recommended improvements for year 2014. The study area intersections are projected to operate at Level of Service D or better with a vehicle-to-capacity ratio less than 1.00 during the peak hours if all of the recommended off-site improvements for the interim years 2008 and 2014 are accomplished. The impacts to 3 of 10 intersections would not be mitigated to below the level of significance for the year 2008 planning horizon. The impacts to 3 of 10 intersections would not be mitigated to below the level of significance for the year 2014 planning horizon.

Transportation-1

The following improvements are potential recommendation measures identified to mitigate significantly impacted intersections. The project can be expected to pay a fair share of the construction costs to implement these mitigation measures.

1) Atlantic Avenue/Spring Street

Modify existing median and restripe Spring Street to provide a second eastbound (EB) left-turn lane and a second westbound (WB) left-turn lane.

Modify the traffic signal as needed.

2) Atlantic Avenue/East 29th Street

Restrict EB left-turn movements from 29th Street to northbound (NB) Atlantic Avenue.

6) Atlantic Avenue/East 27th Street

Restrict EB left-turn movements from 27th Street to NB Atlantic Avenue.

7) Atlantic Avenue/Willow Street

No physical mitigation measure is feasible; any additional turn lanes would require widening and additional right-of-way.

9) Long Beach Boulevard/Willow Street

No physical mitigation measure is feasible; any additional turn lanes would require widening and additional right-of-way.

13) Long Beach Boulevard/Spring Street

Widen and/or restripe to provide an exclusive NB and southbound (SB) right-turn lane.

Modify the traffic signal, as needed.

21) Long Beach Boulevard/Wardlow Road

No physical mitigation measure is feasible; any additional turn lanes would require widening and additional right-of-way.

22) Long Beach Boulevard/I-405 NB Ramps

Install a traffic signal.

23) I-405 SB Ramps/Crest Drive

Restripe to provide an exclusive WB right-turn lane.

29) Pasadena Avenue/Spring Street

Widen and/or restripe to provide an exclusive NB left-turn lane and an EB right-turn lane.

Install a traffic signal.

Transportation-2

The following improvements are potential recommendation measures identified to mitigated significantly impacted intersections. The project can be expected to pay a fair share of the construction costs to implement these mitigation measures.

1) Atlantic Avenue/Spring Street

Widen and/or restripe to provide an exclusive northbound (NB) and southbound (SB) right-turn lane.

Widen and/or restripe to provide a second eastbound (EB) and westbound (WB) left-turn lane.

Modify the traffic signal, as needed.

7) Atlantic Avenue/Willow Street

No physical mitigation measure is feasible; any additional turn lanes would require widening and additional right-of-way.

9) Long Beach Boulevard/Willow Street

No physical mitigation measure is feasible; any additional turn lanes would require widening and additional right-of-way.

13) Long Beach Boulevard/Spring Street

Widen and/or restripe to provide an exclusive NB, SB, and EB right-turn lane.

Widen and/or restripe to provide a second EB through lane.

Modify the traffic signal, as needed.

21) Long Beach Boulevard/Wardlow Road

No physical mitigation measure is feasible; any additional turn lanes would require widening and additional right-of-way.

Measure Transportation-3

Construction and operation impacts to parking for each element of the project shall be mitigated through the implementation of a parking program or comparable measure that provides sufficient long-term parking to meet City of Long Beach (City) code requirements. Long Beach Memorial Medical Center (LBMMC) shall keep the City informed of any modifications to the parking program for the project. Construction parking plans shall be submitted to the City at least 30 days prior to the anticipated issuance of a grading permit for each element of the project. Operation parking plans shall be submitted to the City at least 30 days prior to the anticipated issuance of occupancy permits or operation of the specified element of the project.

Roadway Realignment

Construction

Miller Children's Hospital (MCH) shall submit a construction parking plan to address the 200 parking spaces that are expected to be removed from Parking Lot K as a result of the construction of the roadway realignment element of the project. The parking analysis identified the availability of 259 excess parking spaces available within the Long Beach Memorial Medical Center campus (Campus). It is anticipated that the loss of the 200 parking spaces shall be offset through the use of 200 of the existing available 259 parking spaces. LBMMC will dedicate an increased number of parking spaces in Parking Lot A to visitors to compensate for parking spaces removed from Parking Lot K.

Operation

MCH shall submit an operation parking plan to address the permanent need for 200 parking spaces to replace parking spaces that are expected to be removed from Parking Lot K as a result of the roadway realignment element of the project. The parking analysis identified the availability of 259 excess parking spaces available within the Campus. During construction, it is anticipated that the permanent loss of the 200 parking spaces shall be offset through the use of 200 of the existing available 259 parking spaces.

MCH–Pediatric Inpatient Tower Phase I, Utility Trench, and Central Plant Building

Construction

MCH shall submit a construction parking plan to address the 86 parking spaces that are expected to be removed from the demolition of Parking Lot F for the construction of this element of the

project. The parking analysis identified the availability of 259 excess parking spaces available within the Campus. It is anticipated that the loss of the 86 parking spaces shall be offset through the use of 59 of the existing available 259 parking spaces, and the remaining 27 spaces shall be offset through the use of 27 of the 121 available spaces in Parking Lot N.

Operation

MCH shall submit an operation parking plan to address the permanent need for 240 additional parking spaces (86 from demolition of Parking Lot F, 144 for operation of Phase I of the MCH, and 10 for operation of the central plant building). The parking analysis identified the availability of 259 excess parking spaces available within the Campus. It is anticipated that the permanent loss of the 240 parking spaces shall be offset through the use of 59 existing available parking spaces, Parking Lot N (121 spaces), and lease of off-site parking spaces in Parking Lot L (60 spaces).

MCH–Pediatric Outpatient Building

Construction

Not required.

Operation

MCH shall submit an operation parking plan to address the permanent need for 400 additional parking spaces for the operation of the MCH pediatric outpatient building. It is anticipated that the permanent need for 400 parking spaces shall be offset through the use of 71 spaces in Parking Lot Q, 96 spaces in Parking Lot R, 72 spaces in Parking Lot S, 87 spaces in Parking Lot T, and 74 spaces provided by development of a 1,174-space parking structure within the existing footprint of Parking Lot K, which would also accommodate the 41 parking spaces removed as a result of construction of the parking structure itself.

MCH–Link Building

Construction

Not required.

Operation

MCH shall submit an operation parking plan to address the 50 parking spaces to support operation of the MCH link building. It is anticipated that the 50 parking spaces required to support the operation of the MCH link building shall be provided in the 1,174-space parking structure to be constructed within the existing footprint of Parking Lot K.

MCH–Pediatric Inpatient Tower Phase II

Construction

Not required.

Operation

MCH shall submit an operation parking plan to address the 184 parking spaces required to support the operation of the MCH pediatric inpatient tower Phase II. It is anticipated that the 184 parking spaces, required to operate the MCH pediatric inpatient tower Phase II, shall be provided in the 1,174-space parking structure to be constructed within the existing footprint of Parking Lot K.

Todd Cancer Institute Phase I

Construction

LBMMC shall submit a construction parking plan to address the 253 parking spaces that are expected to be removed from Parking Lot A, including 104 spaces permanently removed by the footprint of the building and additional 149 parking spaces to be temporarily removed as a result of construction staging. It is anticipated that the loss of the 253 parking spaces shall be offset through the lease of 253 off-site parking spaces at Parking Lot L.

Operation

LBMMC shall submit an operation parking plan to address the permanent need for 522 additional parking spaces (replace 104 spaces lost as a result of construction and provide 418 spaces for the operation of Todd Cancer Institute Phase I). It is anticipated that the need for 522 parking spaces shall be offset through the use of 236 spaces to be leased off site at Parking Lot L, 238 spaces to be leased off site at Parking Lot M, and 48 spaces to be provided through development of Parking Lot P on site.

Todd Cancer Institute Phase II

Construction

LBMMC shall submit a construction parking plan to address the 211 parking spaces that would be lost to construction (79 parking spaces) and construction staging (132 parking spaces). It is anticipated that the loss of the 211 parking spaces shall be offset through the provision of 211 parking spaces in a 1,174-space parking structure to be developed within the existing footprint of Parking Lot K.

Operation

LBMMC shall submit a construction parking plan to address the 291 parking spaces that would be lost to construction (79 parking spaces) and operation of the Todd Cancer Institute Phase II (212 parking spaces). It is anticipated that the loss of the 291 parking spaces shall be offset the provision of 291 parking spaces in the 1,174-space parking structure to be developed within the existing footprint of Parking Lot K.

SECTION V
FINDINGS REGARDING ALTERNATIVES

As a result of the analysis contained in the Long Beach Medical Memorial Center Expansion Environmental Impact Report (EIR) regarding the economic, engineering, environmental, and social characteristics of the project and alternatives, the City of Long Beach (City) recommends approval of the project. Support for the project is directly responsive to the ability to attain all of the objectives of the project and reduce impacts. Therefore, the project will meet all objectives of the project and reduce impacts.

Three alternatives were considered and evaluated in detail in the EIR, including the No Project Alternative and two alternatives that would feasibly attain most of the basic objectives of the Long Beach Medical Memorial Center (LBMMC) resulting from the project formulation process, but would avoid or substantially lessen any of the significant impacts of the project, particularly traffic and transportation impacts. As a result of the project formulation process, the City explored the additional alternatives to assess their ability to fulfill most of the basic objectives of the project. The alternatives analysis is directed toward parking. Each of the alternatives identified in Section 4.0 of the EIR would generally result in similar impacts, and each is likely to result in unavoidable significant adverse impacts from the project (i.e., construction air quality impacts and localized traffic impacts). Thus, a total of three alternatives were considered and evaluated in detail in the EIR, including the No Project Alternative, Alternative A, and Alternative B.

- No Project Alternative
- Alternative A—Consists of delaying the construction start for the Todd Cancer Institute (TCI) Phase I for one year to accomplish the development of six on-site surface parking areas (lots N, P, Q, R, S, and T)
- Alternative B—Consists of expedited construction of the 1,700-space parking structure to be operational by January 2007

As required by the California Environmental Quality Act (CEQA), the No Project Alternative considers the effects of continuing to operate the project area as it currently exists. The additional alternatives evaluate the effects of the delayed construction of the TCI and the expedited construction of the parking structure.

The ability of the project, the No Project Alternative, and the two other alternatives under consideration to meet the objectives of the project is summarized in Table V-1, *Summary of Proposed Land Areas Under Alternatives A and B*; Table V-2, *Summary of Ability of Project and Alternatives to Attain Project Objectives*; and Table V-3, *Comparative Analysis of Impacts for Project and Alternatives*. Table V-4, *Summary of Economic, and Engineering Characteristics of the Project and Alternatives*, provides the costs, annual bed and visitor capacities, and engineering considerations for the project, the No Project Alternative, and Alternatives A and B. Only the project was determined to meet all project objectives, while Alternative A met 9 of the 12 project objectives, and Alternative B met 10 of the 12 project objectives. However, all proposed action alternatives were consistent with some or most of the project objectives and, for this reason, were also carried forward for detailed analysis with respect to the determined environmental issues. The No Project Alternative only met 3 of 12 of the project objectives but was carried forward for detailed analysis as mandated by CEQA.

Based on the analysis provided in Sections 2.0 and 4.0 of the EIR, the project, the No Project Alternative, and Alternatives A and B are not capable of reducing impacts to air quality and transportation and traffic to below the level of significance. However, Alternatives A and B are capable of reducing some impacts to traffic and transportation to below the level of significance, including three intersections by the year 2008 planning horizon and five intersections by the year 2014 planning horizon. Alternative B would be expected to reduce the parking impacts, due to the expedited parking structure, when compared to the project. Alternative A would be expected to reduce the parking impacts due to the development of six on-site parking areas. Unlike many projects, the No Project Alternative is not the environmentally superior alternative in that it does not ensure the reconstruction of the buildings that are currently at risk of collapse in a moderate to severe seismic event or the ability of the hospital to continue to provide high-quality health services and facilities that meet existing and anticipated health demands in the community through the year 2020.

The Environmentally Superior Action Alternative is Alternative B. This alternative is capable of reducing the impact on parking capacity; however, it has a greater short-term impact due to increased construction on site and only meets 10 of the 12 project objectives.

The following section of tables summarizes each alternative, its ability to meet the project objectives, the differences each alternative has on environmental impacts, and the economic, and engineering considerations.

TABLE V-1
SUMMARY OF PROPOSED LAND AREAS UNDER ALTERNATIVES A AND B

	TCI Phase I	TCI Phase II	MCH Pediatric Inpatient Tower Phase I	MCH Pediatric Inpatient Tower Phase II	MCH Utility Trench	MCH Central Plant Building	MCH Pediatric Outpatient Building	MCH Link Building	Roadway Realignment	Parking Program
Alternative A										
Number of required parking spaces	418	212	144	184	0	10	400	50	0	1,730
Height of building (feet)	54	33	84	148	0	20	84	54	0	84
Building space (gross square feet)	83,360	42,360	124,500	73,500	N/A	3,500	80,000	20,000	N/A	N/A
Building levels	3 stories	2 stories	4 stories + basement	3 stories	0	1 story	5 stories + basement	3 stories	N/A	4 stories
Number of employees	122*	60	310	100	0	0	138**	20	0	0
Alternative B										
Number of required parking spaces	360	282	124	204	0	10	400	50	0	1,730
Height of building (feet)	54	33	84	148	0	20	84	54	0	84
Building space (gross square feet)	71,690	54,030	107,070	90,930	N/A	3,500	80,000	20,000	N/A	N/A
Building levels	3 stories	2 stories	4 stories + basement	3 stories	0	1 story	5 stories + basement	3 stories	N/A	4 stories
Number of employees	105*	77	267	143	0	0	138**	20	0	0

NOTES:
* Existing employees who would be consolidated from other locations on and off the LBMMC campus
** Existing employees who would be consolidated from other locations on the LBMMC campus

TABLE V-2
SUMMARY OF ABILITY OF PROJECT AND ALTERNATIVES TO ATTAIN PROJECT OBJECTIVES

Project	No Project Alternative	Delayed Start of TCI	Expedited Construction of Parking Structure
Objectives			
1. Continue the legacy of providing a high-quality environment that supports the health and well-being of patrons through the provision of a comprehensive system of programs and facilities that provide prevention, screening, diagnosis, treatment, and monitoring services to meet existing and anticipated demand in the community through the year 2020.			
Yes	No	No	Yes
2. Expand and reorganize the existing approximately 1,000,000 square feet of combined inpatient, outpatient, and appurtenant facilities by approximately 500,000 square feet to accommodate existing and anticipated demand through the year 2020.			
Yes	No	Yes	Yes
3. Comply with the regulations developed by OSHPD as mandated by Senate Bill (SB) 1953 (Chapter 740, 1994), an amendment to and furtherance of the Alfred E. Alquist Hospital Seismic Safety Act of 1983.			
Yes	No	Yes	Yes
4. Consolidate and relocate the 24 diverse outpatient treatment modalities of the TCI that are currently dispersed in 24 sites, located on and off the Campus, to a single facility in proximity to the inpatient services provided at the LBMMC.			
Yes	No	No	Yes
5. Provide a dedicated facility for the outpatient well care, screening, imaging, diagnosis, treatment, and monitoring of cancer and non-cancer patients to accommodate the anticipated need for 375 patients to be served per day by year 2007, and to accommodate approximately 500 patients per day to meet anticipated needs through 2020.			
Yes	No	No	No
6. In the immediate proximity of the MCH, provide a pediatric inpatient tower that would increase capacity for pediatric surgical cases that would satisfy a mandate from the California Department of Health Services to provide seven operating rooms by January 2008. An additional three operating rooms would need to be provided between years 2008 and 2015 to meet anticipated demand through the year 2020.			
Yes	No	Yes	No
7. In the immediate proximity of the MCH, provide a pediatric inpatient tower that would increase capacity for newborn intensive care services and general pediatric patients. The new pediatric inpatient tower will be sized to accommodate the 10-percent increase in the need for pediatric inpatient treatment of children under the age of 15 between years 2000 and 2003, and the projected additional increase of 1 percent per year through year 2020. The increase in capacity would require 72 additional beds by year 2008 and another 92 additional beds between years 2008 and 2015 to meet anticipated demand through year 2020.			
Yes	No	Yes	Yes
8. Consolidate and relocate the diverse pediatric outpatient services, well care, screening, diagnosis, treatment, and monitoring into a single, dedicated building in close proximity to the MCH.			
Yes	No	Yes	Yes
9. Within the Campus, provide a building designated for mixed uses to accommodate retail uses, such as a gift shop, florist, and food and beverage service, to serve MCH employees, patients, and visitors.			
Yes	No	Yes	Yes
10. Provide adequate access and egress to the Campus from Long Beach Boulevard and Atlantic Avenue.			
Yes	Yes	Yes	Yes
11. Provide adequate infrastructure to support circulation within the Campus.			
Yes	Yes	Yes	Yes
12. Provide sufficient parking capacity to comply with the City of Long Beach parking ordinance.			
Yes	Yes	Yes	Yes

TABLE V-3
COMPARATIVE ANALYSIS OF IMPACTS FOR PROJECT AND ALTERNATIVES

Project	No Project	Alternative A	Alternative B
Aesthetics			
Implementation of the project has the potential to increase the amount of glare reflected from the structural elements and the potential to increase the amount of light and glare due to increased security lighting. It would not result in significant impacts to aesthetics. Since the project area is not located near a scenic coastal or waterway view or state-designated scenic highway, the project would not impact any viewsheds or scenic highways. Upon build-out, the project would result in a relative aesthetic improvement in the Central Long Beach Redevelopment Area. These improvements would be consistent with the visual character of the community, and the short-term impacts during construction would be outweighed by the long-term visual enhancement to be derived from the completed project and its provision of visually attractive structural and landscape amenities.	Implementation of the No Project Alternative would not result in significant impacts related to aesthetics. The operation of the existing structures would continue to remain as they are now. Approximately 1,213,945 gross square feet of structures would likely retain existing facades. As in the existing condition, the buildings would be linked by a series of public roadways, private driveways, sidewalks, lighting, landscaping, and directional signs. Implementation of this alternative would not result in any significant impact to aesthetics, as there would be no anticipated potential to alter existing scenic vistas, state-designated scenic highways, visual character, or light and glare changes. The No Project Alternative would not contribute to the introduction to any new sources of substantial light and glare. However, without the project, the long-term visual character effects would not benefit from improved aesthetic improvement to the project area since it is located in a blighted, physically degraded area designated by the City of Long Beach as the Central Long Beach Redevelopment Area. Furthermore, the existing project area would not be benefited by the long-term visual enhancement	Implementation of Alternative A would not result in significant impacts to aesthetics. Since the project area is not located near a scenic coastal or waterway view or state-designated scenic highway, Alternative A would not impact any viewsheds or scenic highways. Due to the delayed construction for the TCI, short-term impacts from demolition and construction activities would also be delayed. Upon build-out, Alternative A would result in a relative aesthetic improvement in the Central Long Beach Redevelopment Area. These improvements would be consistent with the visual character of the community, and the short-term impacts during construction would be outweighed by the long-term visual enhancement to be derived from the completed project and its provision of visually attractive structural and landscape amenities. *Comparative Impacts: Neutral*	Implementation of Alternative B would not result in significant impacts to aesthetics. Since the project area is not located near a scenic coastal or waterway view or state-designated scenic highway, Alternative B would not impact any viewsheds or scenic highways. Upon build-out, Alternative B would result in a relative aesthetic improvement in the Central Long Beach Redevelopment Area. These improvements would be consistent with the visual character of the community, and the short-term impacts during construction would be outweighed by the long-term visual enhancement to be derived from the completed project and its provision of visually attractive structural and landscape amenities. *Comparative Impacts: Neutral*

TABLE V-3
COMPARATIVE ANALYSIS OF IMPACTS FOR PROJECT AND ALTERNATIVES, Continued

Project	No Project	Alternative A	Alternative B
	to be derived from the completed project and its provision of visually attractive structural and landscape amenities consistent with the existing character of the community. *Comparative Impacts: Negative*		
Air Quality			
Implementation of the project will result in significant impacts to air quality. The project would generate impacts to ambient air quality during construction as a result of trips to and from the site by construction workers, the use of heavy equipment for site grading, demolition of existing structures, soil removal, transport of construction materials for new construction, fuel consumption by on-site construction equipment, application of architectural coatings, and asphalt operation. The project would require more concurrent demolition work and more trucks to transport demolition debris at one time, and greater total land area exposed at one time. As a result, the peak-period emissions would be greater than that of the project and would remain significant for carbon monoxide (CO), nitrogen oxides (NO_x), reactive organic gases (ROGs), and particulate matter less than 10 microns in	Implementation of the No Project Alternative would avoid construction of the TCI building; the MCH inpatient tower, utility trench, and central plant building; the MCH pediatric outpatient building; the MCH link building; roadway realignment; and parking elements. The No Project Alternative would not generate construction emissions with the potential to substantially degrade air quality, or contribute to substantial increases in peak-period emissions. Therefore, the No Project Alternative would not be expected to result in significant impacts to air quality and would not require the implementation of mitigation measures Air-1 through Air-13 specified for the project. *Comparative Impacts: Neutral*	Implementation of Alternative A will result in significant impacts to air quality. The one-year delay in construction of TCI Phase I would be concurrent with the later phase of construction of the MCH pediatric inpatient tower. However, it is anticipated that the utility trench and central plant building would be completed prior to the initiation of TCI Phase I. However, development of the six on-site parking areas (Lots N, P, Q, R, S, and T) would need to be undertaken concurrent with the first year of construction for the MCH pediatric inpatient tower, utility trench, and central plant building. Alternative A would generate impacts to ambient air quality during construction as a result of trips to and from the site by construction workers, the use of heavy equipment for site grading, demolition of existing structures, soil removal, transport of construction materials for	Implementation of Alternative B results in significant impacts to air quality. Expedited construction of the parking structure would be concurrent with construction of the TCI Phase I and the MCH pediatric inpatient tower, utility trench, and central plant building. As with the project, Alternative B would generate impacts to ambient air quality during construction as a result of trips to and from the site by construction workers, the use of heavy equipment for site grading, demolition of existing structures, soil removal, transport of construction materials for new construction, fuel consumption by on-site construction equipment, application of architectural coatings, and asphalt operation. Alternative B would require more concurrent demolition work and more trucks to transport demolition debris at one time and greater total land area exposed at one time. As a result, the peak-period emissions

TABLE V-3
COMPARATIVE ANALYSIS OF IMPACTS FOR PROJECT AND ALTERNATIVES, Continued

Project	No Project	Alternative A	Alternative B
aerodynamic diameter (PM_{10}). There will also be anticipated impacts to air quality related to odors during construction.		new construction, fuel consumption by on-site construction equipment, application of architectural coatings, and asphalt operation. Alternative A would require more concurrent demolition work and more trucks to transport demolition debris at one time, and greater total land area exposed at one time. As a result, the peak-period emissions would be greater than that of the project and would remain significant for carbon monoxide (CO), nitrogen oxides (NO_x), reactive organic gases (ROGs), and particulate matter less than 10 microns in aerodynamic diameter (PM_{10}). Alternative A would require implementation of mitigation measures Air-1 through Air-13 to minimize to the extent feasible the amount of pollutants emitted by construction activities. As with the project, implementation of mitigation measures Air-1 through Air-13 would reduce significant impacts to air quality from Alternative A related to fugitive dust emissions to below the level of significance. The specified measures would not reduce impacts from peak-day and peak-quarter emissions of CO, NOx, and ROGs to a less than significant leThere would be anticipated	would be greater than that of the project and would remain significant for CO, Nox, ROGs, and PM_{10}. Alternative B would require implementation of mitigation measures Air-1 through Air-13 to minimize to the maximum extent feasible the amount of pollutants emitted by construction activities. As with the project, implementation of mitigation measures Air-1 through Air-13 would reduce significant impacts to air quality from Alternative B, related to fugitive dust emissions, to below the level of significance. The specified mitigation measures would not reduce impacts from peak-day and peak-quarter emissions of CO, Nox, and ROGs to a less than significant level. There would be anticipated impacts to air quality related to odors during the construction of Alternative B. *Comparative Impacts: Negative*

TABLE V-3
COMPARATIVE ANALYSIS OF IMPACTS FOR PROJECT AND ALTERNATIVES, Continued

Project	No Project	Alternative A	Alternative B
		impacts to air quality related to odors during construction of Alternative A. *Comparative Impacts: Neutral*	
Cultural Resources			
Implementation of the Project would require excavation and grading activities that would have the potential to adversely affect paleontological resources, previously unrecorded prehistoric archeological resources, or the unanticipated discovery of human remains.	Implementation of the No Project Alterative avoids potential impacts to cultural resources that would result from the implementation of the project. Unlike the project, this alternative would not entail grading (excavation and fill), modification of existing structures, or construction of new structures, thus avoiding the potential for disturbance of paleontological resources or the unanticipated discovery of prehistoric archeological resources or human remains. *Comparative Impacts: Neutral*	Implementation of Alternative A would require excavation and grading activities that would have the potential to adversely affect paleontological resources, previously unrecorded prehistoric archeological resources, or the unanticipated discovery of human remain, thus requiring the consideration of mitigation measures. *Comparative Impacts: Neutral*	As with the project, Alternative B would require excavation and grading activities that would have the potential to adversely affect paleontological resources, previously unrecorded prehistoric archeological resources, or the unanticipated discovery of human remain, thus requiring the consideration of mitigation measures. *Comparative Impacts: Neutral*
Geology and Soils			
Implementation of the project has potential to result in impacts associated with substantial ground shaking from the operation of the MCH pediatric inpatient tower Phases I and II and the central plant building, MCH pediatric outpatient building, TCI Phases I and II, and the 1,700-space parking structure. It also has the potential for seismic hazard risk, impacts associated with geologic hazards related	Implementation of the No Project Alterative avoids potential impacts to geology and soils that could result from the implementation of the project. Unlike the project, this alternative would not entail grading (excavation and fill), modification of existing structures, or construction of new structures. However, the failure to upgrade existing facilities or construct new facilities to meet the mandates of SB 1953 would ultimately	Implementation of Alternative A would have the potential to expose people and property to the risk of loss or injury involving seismic ground shaking from the operation of the MCH pediatric inpatient tower Phases I and II and the central plant building, MCH pediatric outpatient building, TCI Phases I and II, and the 1,700-space parking structure. All new construction would be designed to the current life safety	As with the project, Alternative B would have the potential to expose people and property to the risk of loss or injury involving seismic ground shaking from the operation of the MCH pediatric inpatient tower Phases I and II and the central plant building, MCH pediatric outpatient building, TCI Phases I and II, and the 1,700-space parking structure. All new construction would be designed to the current life safety

TABLE V-3
COMPARATIVE ANALYSIS OF IMPACTS FOR PROJECT AND ALTERNATIVES, Continued

Project	No Project	Alternative A	Alternative B
to liquefaction, and impacts related to a substantial increase in soil erosion.	expose people and the existing acute care facilities to potential adverse effects, including the risk of loss, injury, or death. Although the No Project Alternative would not require implementation of mitigation measures Geology-1 through Geology-6 specified for the project, it would preclude LBMMC and MCH from conforming to the mandates of SB 1953 and create a socially unacceptable level of risk to people and property. *Comparative Impacts: Negative*	standard specified in the Uniform Building Code. In addition, the excavation and grading required to construct the TCI Phases I and II, MCH pediatric inpatient tower Phases I and II and the central plant building, MCH pediatric outpatient building, MCH link building, roadway realignment, surface parking lots, and the parking structure would have the potential for impacts related to a substantial increase in soil erosion or loss of topsoil. Erosion potential during construction would be managed to the maximum extent practicable with best management practices (BMPs) as part of compliance with the required NPDES permit and associated Urban Storm Water Management Plan. *Comparative Impacts: Neutral*	standard specified in the Uniform Building Code. In addition, the excavation and grading required to construct the TCI Phases I and II, MCH pediatric inpatient tower Phases I and II and central plant building, MCH pediatric outpatient building, MCH link building, roadway realignment, surface parking lots, and the parking structure would have the potential for impacts related to a substantial increase in soil erosion or loss of topsoil. Erosion potential during construction would be managed to the maximum extent practicable with BMPs as part of compliance with the required NPDES permit and associated Urban Storm Water Management Plan. *Comparative Impacts: Neutral*
Hazards and Hazardous Materials			
Implementation of the project has the potential to result in significant impacts related to the accidental release of hazardous materials during construction, the presence of undocumented abandoned wells, the release of hazardous subsurface gases, the encounter of USTs during grading activities, exposure to hazardous materials during routine	Implementation of the No Project Alterative would avoid potential impacts from exposure of people to hazards and hazardous materials (asbestos-containing materials, lead-based paints, and mold). Unlike the project, this alternative would not entail transport, use, emission, or disposal of hazardous materials above the levels currently required for operation of LBMMC, MCH, and	Implementation of Alternative A would have the potential to expose people and property to hazards and hazardous materials through construction and operation activities. *Comparative Impacts: Neutral*	As with the project, Alternative B would have the potential to expose people and property to hazards and hazardous materials through construction and operation activities: *Comparative Impacts: Neutral*

TABLE V-3
COMPARATIVE ANALYSIS OF IMPACTS FOR PROJECT AND ALTERNATIVES, Continued

Project	No Project	Alternative A	Alternative B
transport and disposal, and exposure to COPCs.	appurtenant facilities. Therefore, the No Project Alternative would not require implementation of mitigation measures Hazards-1 through Hazards-15 specified for the project. *Comparative Impacts: Neutral*		
Hydrology and Water Quality			
Implementation of the project has the potential to increase the amount of erosion, transport of pollutants, and siltation during construction of all elements of the project, but specifically during the final grading plans. The project has the potential to increase the amount of degradation of water quality during construction.	Implementation of the No Project Alterative would avoid potential impacts to hydrology and water quality that could result from the implementation of the project. Unlike the project, this alternative would not entail grading (excavation and fill), modification of existing structures, or construction of new structures. *Comparative Impacts: Neutral*	Alternative A delays construction of the TCI until adequate on-site or off-site parking is secured. The other five elements of the project would be constructed as planned in the project; thus, Alternative A would result in significant impacts to hydrology and water quality, requiring the consideration of mitigation measures. As with the project, potential impacts to water quality from increased soil erosion, siltation, or increased surface runoff during construction would be expected to be reduced to a less than significant level through conformance with BMPs. The BMPs in the construction scenario were specified to ensure conformance with all applicable federal, state, and local statutes and regulations related to control of surface water and runoff during construction. *Comparative Impacts: Neutral*	Alternative B would result in significant impacts to hydrology and water quality, requiring the consideration of mitigation measures. As with the project, potential impacts to the water quality from increased soil erosion, siltation, or increased surface runoff during construction would be expected to be reduced to a less than significant level through conformance with BMPs. The BMPs specified in the construction scenario were specified to ensure conformance with all applicable federal, state, and local statutes and regulations related to control of surface water and runoff during construction. *Comparative Impacts: Neutral*

TABLE V-3
COMPARATIVE ANALYSIS OF IMPACTS FOR PROJECT AND ALTERNATIVES, Continued

Project	No Project	Alternative A	Alternative B
	receptors, particularly the existing MCH. Therefore, the No Project Alternative would not require implementation of mitigation measures Noise-1 through Noise-3 specified for the project. *Comparative Impacts: Neutral*	staff, employees, patients, and corresponding increase in visitors. The only difference for Alternative A, is that these visits would be delayed until the project is completed. *Comparative Impacts: Neutral*	staff, employees, patients, and corresponding increase in visitors. *Comparative Impacts: Neutral*
Public Services			
Implementation of the project would not result in significant impacts related to public services. As with the project, Alternative B would not require the provision of, or need for, new or physically altered fire protection, police protection, school, or other public facilities that would require physical alteration of the environment.	Implementation of the No Project Alternative would not result in significant impacts related to public services. The No Project Alternative would continue operation of existing acute and outpatient facilities. Therefore, there would be no need for the provision of, or need for, new or physically altered fire protection, police protection, school, or other public facilities that would require physical alteration of the environment. However, the No Project Alternative would fail to provide adequate capacity to meet the existing and anticipated demand within the City of Long Beach for healthcare services, which is projected to increase by 6 to 9 percent through year 2020. *Comparative Impacts: Neutral*	Implementation of Alternative A would not result in significant impacts related to public services. As with the project, the Alternative A would not require the provision of, or need for, new or physically altered fire protection, police protection, school, or other public facilities that would require physical alteration of the environment. Alternative A would be expected to expose people and property to security-related issues and vandalism during the operation of the TCI Phases I and II; MCH pediatric inpatient tower Phases I and II, utility trench, and central plant building; MCH pediatric outpatient building; MCH link building; and surface parking lots, leased off-site parking lots, and parking structure. *Comparative Impacts: Neutral*	Implementation of Alternative B would not result in significant impacts related to public services. As with the project, Alternative B would not require the provision of, or need for, new or physically altered fire protection, police protection, school, or other public facilities that would require physical alteration of the environment. Alternative B would be expected to expose people and property to security-related issues and vandalism during the operation of the TCI Phases I and II; MCH pediatric inpatient tower Phases I and II, utility trench, and central plant building; MCH pediatric outpatient building; MCH link building; surface parking lots; and parking structure. *Comparative Impacts: Neutral*

TABLE V-3
COMPARATIVE ANALYSIS OF IMPACTS FOR PROJECT AND ALTERNATIVES, Continued

Project	No Project	Alternative A	Alternative B
		2008 planning horizon. The impacts to 5 of 10 intersections would not be mitigated to below the level of significance for the year 2014 planning horizon. Parking impacts for Alternative A would be expected to result in impacts to parking capacity, thus requiring the consideration of mitigation measures. Impacts to parking capacity would result from the conversion of 577 existing parking spaces to development and the generation of demand for an additional 1,159 parking spaces through provision of additional inpatient hospital beds and increased total square feet of spaces dedicated to outpatient services and mixed use. *Comparative Impact: Positive*	for the year 2014 planning horizon. Potential operations impacts related to traffic and transportation for all other intersections would be expected to be mitigated to below the level of significance through the incorporation of project-specific improvements and mitigation measures Transportation-1 through Transportation-3. Parking impacts for Alternative B would be expected to result in impacts to parking capacity, thus requiring the consideration of mitigation measures. Impacts to parking capacity would result from the conversion of 577 existing parking spaces to development and the generation of demand for an additional 1,159 parking spaces through provision of additional inpatient hospital beds and increased total square feet of spaces dedicated to outpatient services and mixed use. *Comparative Impacts: Positive*
Utilities and Service Systems			
Implementation of the project has the potential to result in significant impacts related to the increased solid waste	Implementation of the No Project Alternative would avoid potential impacts to utilities and service systems that	Alternative A would generate solid waste during construction from the demolition of the WIC Building (4,500	Alternative B would generate solid waste during construction from the demolition of the WIC Building (4,500

TABLE V-3
COMPARATIVE ANALYSIS OF IMPACTS FOR PROJECT AND ALTERNATIVES, Continued

Project	No Project	Alternative A	Alternative B
generation and to increase the amount of trash produced at the site. The project would generate solid waste during construction from the demolition of the WIC Building (4,500 SF) and parking structure (50,216 SF). Operation of the capital improvements recommended as elements of the project would increase the generation of solid waste.	could result from the implementation of the project. Unlike the project, this alternative would not entail major site grading (excavation and fill), demolition of existing structures, or construction of new structures; therefore, the No Project Alternative would not generate solid waste from construction. In addition, the hospital would continue to operate at its existing capacity; therefore, the No Project Alternative would not generate increased levels of solid waste from operations such as that anticipated for the project. *Comparative Impacts: Neutral*	square feet [SF]) and parking structure (50,216 SF) Operation of the capital improvements recommended as elements of the project would increase the generation of solid waste. *Comparative Impacts: Neutral*	SF) and parking structure (50,216 SF). Operation of the capital improvements recommended as elements of the project would increase the generation of solid waste. *Comparative Impacts: Neutral*

TABLE V-4
SUMMARY OF ECONOMIC AND ENGINEERING CHARACTERISTICS OF THE PROJECT AND ALTERNATIVES

Number of Objectives Achieved (Total of 12)	Economic Considerations	Engineering Considerations
Project		
12 of 12	Cost per square foot: $646 Total square footage: 427,430 Total cost: $276 million Annual capacity: Year 2007 - 375 Additional Beds Year 2020 - 500 Additional Beds	The year 2030 visioning process resulted in a determination that strengthening of existing facilities is possible to conform to the mandates of SB 1953 (Chapter 740, 1994) through year 2030. However, it is not possible to strengthen all existing acute care facilities to Category IV, the standard required after year 2030.
No Project Alternative		
3 of 12	Cost per square foot: $0 Total square footage: 0 Total cost: $0 Annual capacity: 726 existing beds *The No Project Alternative would preclude LBMMC and MCH from using the funds allocated by the voters of the State of California, through their November 2004 approval of Proposition 61, Children's Hospital Bond Act of 2004.	The year 2030 visioning process resulted in a determination that strengthening of existing facilities is possible to conform to the mandates of SB 1953 (Chapter 740, 1994) through year 2030. However, it is not possible to strengthen all existing acute care facilities to Category IV, the standard required after year 2030. Therefore, the No Project Alternative would compromise efforts to be prepared to conform to the year 2030 standard for acute care facilities.
Alternative A		
9 of 12	Cost per square foot: $646 Total square footage: 427,130 Total cost: $276 million Annual capacity: Year 2007 - 375 Additional Beds Year 2020 - 500 Additional Beds *The total estimated construction cost for Alternative A would likely cost over $200 million. However, a one-year delay in the initiation of construction of TCI Phase I could increase construction cost by 4 to 7 percent, thus requiring identification of additional funds to augment the increased cost of construction or a reduction in the size of the facility	Alternative A facilitates year 2008 and year 2030 compliance with the mandates of SB 1953 (Chapter 740, 1994) by relocating healthcare services from LBMCC and MCH, acute care facilities, to new inpatient and outpatient structures conforming to the requirements of the OSHPD and the City of Long Beach Department of Public Works. This relocation would allow more effective utilization of the two existing acute care facilities within the Campus.

[4] Davis Langdon Adamson. 2004. "California Construction Industry Market Escalation Report, 2004 Mid-Year Update." Contact: 301 Arizona Avenue, Suite 301, Santa Monica, CA 90401. Available at: http://www.aaaesc.com/_news/2004

TABLE V-4
SUMMARY OF ECONOMIC AND ENGINEERING CHARACTERISTICS OF THE RECOMMENDED PROJECT AND ALTERNATIVES, Continued

Number of Objectives Achieved (Total of 12)	Economic Considerations	Engineering Considerations
	to stay within the existing identified construction funds.[4]	
Alternative B		
10 of 12	Cost per square foot: $688 Total square footage: 429,430 Total cost: $294 million Annual capacity: Year 2007 - 375 Additional Beds Year 2020 - 500 Additional Beds Alternative B would likely cost over $200 million. The need for immediate construction of the parking facility would result in a corresponding reduction of approximately 14 percent of the sizing of Phase I of the TCI and Phase I of the MCH pediatric inpatient tower. The anticipated increase of 4 to 7 percent per year in construction cost would then be expected to result in a corresponding increase of $2.5 to $4.4 million, when applied to the upsizing of Phase II of the TCI and Phase II of the MCH pediatric inpatient tower.[5]	Alternative B facilitates year 2030 compliance with the mandates of SB 1953 (Chapter 740, 1994) by relocating healthcare services from LBMCC and MCH, acute care facilities, to new inpatient and outpatient structures conforming to the requirements of the OSHPD and the City of Long Beach Department of Public Works. This relocation would allow more effective utilization of the two existing acute care facilities within the Campus. However, the reduction in Phase I of the MCH pediatric inpatient tower may compromise the ability to fully comply with year 2008 licensing requirements of the California Department of Health Services.

The alternatives to the project evaluated in Section 4.0 of the EIR are listed below. A discussion of the previously project is also included.

- Project
- No Project Alternative
- Alternative A
- Alternative B

[5] Davis Langdon Adamson. 2004. "California Construction Industry Market Escalation Report, 2004 Mid-Year Update." Contact: 301 Arizona Avenue, Suite 301, Santa Monica, CA 90401. Available at: http://www.aaaesc.com/_news/2004

V.A PROJECT

Description of Alternative: The project was analyzed in Section 3.0 of the EIR. The project would result in meeting all project objectives in order to construct the project's six distinct components within the next 5 to 10 years, including the Todd Cancer Institute (TCI); the Miller Children's Hospital (MCH) pediatric inpatient tower, utility trench, and central plant building; the MCH pediatric outpatient building; the MCH link building; the roadway realignment; and the parking program.

Effectiveness in Meeting Project Objectives: The project meets all 12 objectives defined in Section 2.3 of the EIR. The summary of the project's ability to meet the objectives is described in Table V-2.

Comparison of Effects of the Alternative to Effects of the Project: The regulatory framework and existing conditions would be the same as those described for the project in the EIR. A summary comparison of the project to effects of the project is presented in Table V-3. The analysis presented in the table shows that the project will result in significant impacts to air quality and traffic and transportation.

- Aesthetics—As documented in Table V-3, the project would not result in significant impacts to aesthetics. Since the project area is not located near a scenic coastal or waterway view or state-designated scenic highway, the project would not impact any viewsheds or scenic highways. Upon build-out, the project would result in a relative aesthetic improvement in the Central Long Beach Redevelopment Area. These improvements would be consistent with the visual character of the community, and the short-term impacts during construction would be outweighed by the long-term visual enhancement to be derived from the completed project and its provision of visually attractive structural and landscape amenities.

- Air Quality—As documented in Table V-3, the project results in significant impacts to air quality. The project would generate impacts to ambient air quality during construction as a result of trips to and from the site by construction workers, the use of heavy equipment for site grading, demolition of existing structures, soil removal, transport of construction materials for new construction, fuel consumption by on-site construction equipment, application of architectural coatings, and asphalt operation. The project would require more concurrent demolition work and more trucks to transport demolition debris at one time and greater total land area exposed at one time. As a result, the peak-period emissions would be greater than that of the project and would remain significant for carbon monoxide (CO), nitrogen oxides (NO_x), reactive organic gases (ROGs), and particulate matter less than 10 microns in aerodynamic diameter (PM_{10}).

  The project would require implementation of mitigation measures Air-1 through Air-13 to minimize to the maximum extent feasible the amount of pollutants emitted by construction activities. Implementation of mitigation measures Air-1 through Air-13 would reduce significant impacts to air quality related to fugitive dust emissions to below the level of significance. However, the specified mitigation measures would not reduce impacts from peak-day and peak-quarter emissions of CO, NO_x, and ROGs to a less than significant level.

The project would also anticipate impacts to air quality related to odors during construction.

Implementation of mitigation measures Air-1 through Air-13 would not reduce significant impacts related to the conformance to the current air quality standard to below the level of significance.

Implementation of mitigation measures Air-1 through Air-13 would not reduce significant impacts related to the cumulatively considerable net increase of any criteria pollutant for which the project region is in nonattainment under an applicable federal or state ambient air quality standard (including release in emissions that exceed quantitative thresholds for ozone precursor) to below the level of significance.

- Cultural Resources—As documented in Table V-3, the project would require excavation and grading activities that would have the potential to adversely affect paleontological resources, previously unrecorded prehistoric archeological resources, or the unanticipated discovery of human remains, thus requiring the consideration of mitigation measures. Potential impacts to cultural resources from the potential to encounter prehistoric and historic archaeological resources and paleontological resources would be reduced to below the level of significance with the incorporation of mitigation measures Cultural-1 through Cultural-3.

- Geology and Soils—As documented in Table V-3, the project would have the potential to expose people and property to the risk of loss or injury involving seismic ground-shaking from the operation of the MCH pediatric inpatient tower Phases I and II and central plant building, the MCH pediatric outpatient building, the TCI Phases I and II, and the 1,700-space parking structure. All new construction would be designed pursuant to the current life safety standard specified in the Uniform Building Code. In addition, the excavation and grading required to construct the TCI Phases I and II, the MCH pediatric inpatient tower Phases I and II and central plant building, the MCH pediatric outpatient building, the MCH link building, the roadway realignment, and the parking program would have the potential for impacts related to a substantial increase in soil erosion or loss of topsoil. Erosion potential during construction would be managed to the maximum extent practicable with best management practices (BMP) pursuant to the required National Pollution Discharge Elimination System (NPDES) permit and associated Urban Storm Water Management Plan.

  Impacts related to geology and soils would be reduced to below the level of significance through the incorporation of mitigation measures Geology-1 through Geology-6.

- Hazards and Hazardous Materials—As documented in Table V-3, the project would have the potential to expose people and property to hazards and hazardous materials through construction and operation activities:

  - Demolition of buildings with the potential to contain asbestos-containing materials and lead-based paints

- Excavation and transport of petroleum hydrocarbon–contaminated soil and water

- Construction near former oil wells that have not been abandoned to current standards of the California Department of Conservation, Division of Oil, Gas, and Geothermal Resources

- Placement of structures at locations that have the potential to accumulate methane, hydrogen sulfide, or other petroleum-related gases into underground areas or buildings

- Potential to encounter previously unrecorded underground storage tanks during excavation and grading activities

- Routine transport and disposal of construction debris and solid waste that have the potential to contain hazardous waste

- Construction in proximity to areas necessary to emergency response and evacuation plans

- Excavation and grading activities in soils with the potential to contain chemicals of potential concern, including volatile organic compounds

Impacts related to hazards and hazardous materials from construction and operation would be expected to be mitigated to below the level of significance through the incorporation of mitigation measures Hazards-1 through Hazards-15.

- Hydrology and Water Quality—As documented in Table V-3, the project would result in significant impacts to hydrology and water quality, thus requiring the consideration of mitigation measures. Potential impacts to water quality from increased soil erosion, siltation, or increased surface runoff during construction would be expected to be reduced to a less than significant level through conformance with BMP. BMP specified in the construction scenario were specified to ensure conformance with all applicable federal, state, and local statutes and regulations related to control surface water and runoff during construction. As with the project, significant impacts related to hydrology and water quality would be mitigated to below the level of significance through the incorporation of mitigation measures Hydro-1 through Hydro-7.

- Land Use and Planning—As documented in Table V-3, the project would not result in significant impacts related to land use and planning. The land uses specified in the Master Plan of Land Uses are consistent with Land Use Designation (LUD) No. 7 Mixed-Use District. The project would require a change to the existing zoning designation for a portion of land between Spring Street and 29th Street from Regional Highway District (CHW) to Planning Development (PD-29) District, Subarea 1. The project would not result in any significant impacts to land use and planning.

- National Pollution Discharge Elimination System—As documented in Table V-3, the project would involve concurrent grading and excavation in an area of sufficient size to require compliance with the NPDES permit, thus requiring the development and incorporation of BMP for reducing discharge of the pollutants into the storm drain and waterway system. Significant impacts related to NPDES resulting from the project would be mitigated to below the level of significance through the incorporation of mitigation measure NPDES-1.

- Noise—As documented in Table V-3, the project would result in significant impacts to ambient noise levels during construction. The project requires the use of heavy construction equipment in close proximity to sensitive receptors: pediatric patients in the existing MCH. In addition, the project would generate additional trips to and from the LBMMC campus (Campus) as a result of the increase in the medical staff, employees, patients, and corresponding increase in visitors. Construction impacts to ambient noise levels would be reduced to the maximum extent practicable through the incorporation of mitigation measures Noise-1 through Noise-3.

- Public Services—As documented in Table V-3, the project would not result in significant impacts related to public services. The project would not require the provision of, or need for, new or physically altered fire protection, police protection, school, or other public facilities that would require physical alteration of the environment. The project would be expected to expose people and property to security-related issues and vandalism during the operation of the TCI Phases I and II; the MCH pediatric inpatient tower Phases I and II, utility trench, and central plant building; the MCH pediatric outpatient building; the MCH link building; and the parking program. Impacts related to security and vandalism from the project would be reduced to below the level of significance through mitigation measures Public Services-1 and Public Services-2.

- Traffic and Transportation—As documented in Table V-3, the project would expedite construction of the parking structure concurrent with construction of the MCH pediatric inpatient tower Phase I, utility trench, and central plant building, thus creating significant impacts to local intersections during peak hours when considered in conjunction with ambient growth, related projects, and construction- and operation-generated trips. The project would require implementation of mitigation measures because it takes into account increased traffic due to construction activities and additional parking provided by the expedited parking structure. A Congestion Management Program (CMP) deficiency would not be anticipated with implementation of the mitigation measures specified for the project. Impacts to 3 of 10 intersections would not be mitigated to below the level of significance for the year 2008 planning horizon. The impacts to 5 of 10 intersections would not be mitigated to below the level of significance for the year 2014 planning horizon. Potential operations impacts related to traffic and transportation for all other intersections would be expected to be mitigated to below the level of significance through the incorporation of project-specific improvements and mitigation measures Transportation-1 through Transportation-3.

The project would be expected to result in impacts to parking capacity, thus requiring the consideration of mitigation measures (Table 4.3.7-1 of the EIR, *Alternative B Construction Parking Program*, and Table 4.3.7-2 of the EIR, *Alternative B Operation Parking Program*). Impacts to parking capacity would result from the conversion of 577 existing parking spaces to development and the generation of demand for an additional 1,159 parking spaces through the provision of additional inpatient hospital beds and increased total square feet of spaces dedicated to outpatient services and mixed use. Implementation of mitigation measure Transporation-3 would be expected to reduce impacts on parking to below the level of significance. The parking program specified in mitigation measure Transporation-3 would need to be modified in accordance with Tables 4.3.7-1 and 4.3.7-2 of the EIR.

- Utilities and Service Systems—As documented in Table V-3, the project would generate solid waste during construction from the demolition of the WIC Building (4,500 square feet) and the parking structure (50,216 square feet). Operation of the capital improvements recommended as elements of the project would increase the generation of solid waste. Impacts to utilities from solid waste generated during construction and operation would be reduced to below the level of significance with the implementation of mitigation measures Utilities-1 and Utilities-4.

  Impacts the storm drain systems would be reduced to below the threshold of significance with the implementation of mitigation measures Utilities-5.

Feasibility: The project is feasible.

Facts: The above finding is based on the following:

- The project meets 12 of the 12 objectives defined in the EIR.
- The project provides a total of approximately 427,430 square feet dedicated to programming.
- The project is capable of adding approximately 375 beds per day by the year 2007 and 500 beds per day by the year 2020 to County residents and visitors annually.
- The total estimated construction cost of the project is $276 million with an estimated cost of $646 per square foot.

V.B NO PROJECT ALTERNATIVE

Description of Alternative: The No Project Alternative was analyzed in Section 4.0 of the EIR. This alternative fails to meet most of the project objectives. Under this alternative, the Campus would continue to function with approximately 1,213,945 gross square feet of existing, conditioned, on-site facilities (Figure 4.1-1 of the EIR, *No Project Alternative*) and the hospital would retain the design, architecture, and setting of the existing Campus. As in the existing condition, the demand for space would be augmented through the lease of off-site facilities. The Master Plan of Land Uses would remain in its existing configuration and distribution of six general land uses: inpatient medical facilities, outpatient medical facilities, mixed use, utilities, circulation, and parking. The

two licensed hospitals, the LBMMC and the MCH, would remain in their existing configuration. However, much of the MCH would not be able to conform to licensing requirements by January 2008.

Effectiveness in Meeting Project Objectives: The No Project Alternative fails to meet the majority of the 12 project objectives discussed in Section 2.3 of the EIR. The summary of the project's ability to meet the objectives is described in Table V-2. The year 2030 visioning process resulted in a determination that strengthening of existing facilities is possible to conform to the mandates of SB 1953 (Chapter 740, 1994) through the year 2030. However, it is not possible to strengthen all existing facilities to meet current and projected need and to anticipate future growth. With the No Project Alternative, the two licensed hospitals, the LBMMC and the MCH, would continue to function within the existing facilities on Campus. The screening, treatment, and monitoring modalities offered by the TCI would remain dispersed at 11 locations both on and off Campus. The pediatric outpatient building, which includes a child care center, nutrition programs, and outpatient clinics, would remain housed in various structures located on and off Campus. Memorial Medical Campus Drive, as it extends through the Campus, would remain curved as it is now to meet Atlantic Avenue. Circulation, not including public right-of-ways, within the Campus would generally remain in their existing configuration. A total of 3,452 parking spaces, including 259 surplus parking spaces, would be expected to remain located in 11 locations throughout the Campus.

Furthermore, the combined 726 beds provided by the two existing licensed hospitals would be expected to be insufficient to support the full range of health services provided by the City in 2008 for several reasons: (1) existing licensed hospitals are at capacity; (2) the City of Long Beach General Plan anticipates a 6- to 9-percent growth through the year 2020; (3) there is more and larger on-site equipment; (4) the Health Insurance Portability and Accountability Act (HIPAA) of 1996 has privacy and confidentiality requirements that have created a need for more space between patient treatment modules, as well as some additional spaces; (5) there is the need for family zones within patient rooms and additional amenities for families; (6) there are changing patterns of care; and (7) infrastructure is growing in areas such as structure, information technology, electrical, and security that would require the utilization of existing space within the two licensed hospitals.

Comparison of Effects of the Alternative to Effects of the Project: The regulatory framework and existing conditions would be the same as those described for the project. A summary comparison of this alternative to effects of the project is presented in Table V-3. The analysis presented in the table shows that the No Project Alternative will result in no impacts to any of the issue areas; however, since the project area is located in a blighted, physically degraded area designated by the City as the Central Long Beach Redevelopment Area, the existing project area would not benefit from the long-term visual enhancement to be derived from the completed project and its provision of visually attractive structural and landscape amenities consistent with the existing character of the community.

- Aesthetics—As documented in Table V-3, the No Project Alternative would not result in any significant impacts to aesthetics, as there would be no anticipated potential to alter existing scenic vistas, state-designated scenic highways, visual character, or sources of light and glare. The No Project Alternative would not contribute to the introduction of any new sources of substantial light and glare. However, since the project area is located in a blighted, physically degraded area designated by the City as the Central Long Beach Redevelopment Area, the existing

project area would not benefit from the long-term visual enhancement to be derived from the completed project and its provision of visually attractive structural and landscape amenities consistent with the existing character of the community.

- Air Quality—As documented in Table V-3, the No Project Alternative would avoid construction of the TCI building, the MCH pediatric inpatient tower, utility trench, and central building; the MCH pediatric outpatient building; the MCH link building; roadway realignment; and parking program. The No Project Alternative would not generate construction emissions with the potential to substantially degrade air quality, or contribute to substantial increases in peak-period emissions. Therefore, the No Project Alternative would not be expected to result in significant impacts to air quality.

- Cultural Resources—As documented in Table V-3, the No Project Alterative avoids potential impacts to cultural resources that would result from the implementation of the project. Unlike the project, this alternative would not entail grading (excavation and fill), modification of existing structures, or construction of new structures, thus avoiding the potential for disturbance of paleontological resources or the unanticipated discovery of prehistoric archeological resources or human remains. Therefore, the No Project Alternative would not require implementation of mitigation measures Cultural-1 through Cultural-3 specified for the project.

- Geology and Soils—As documented in Table V-3, the No Project alterative avoids potential impacts to geology and soils that could result from the implementation of the project. Unlike the project, this alternative would not entail grading (excavation and fill), modification of existing structures, or construction of new structures. However, the failure to upgrade existing facilities or construct new facilities to meet the mandates of SB 1953 would ultimately expose people and the existing acute care facilities to potential adverse effects, including the risk of loss, injury, or death. Although the No Project Alternative would not require implementation of mitigation measures Geology-1 through Geology-6 specified for the project, it would preclude the LBMMC and the MCH from conforming to the mandates of SB 1953 and create a socially unacceptable level of risk to people and property.

- Hazards and Hazardous Materials—As documented in Table V-3, the No Project Alternative would avoid potential impacts from exposure of people to hazards and hazardous materials (asbestos-containing materials, lead-based paints, and mold). Unlike the project, this alternative would not entail transport, use, emission, or disposal of hazardous materials above the levels currently required for operation of the LBMMC, the MCH, and the appurtenant facilities. Therefore, the No Project Alternative would not require implementation of mitigation measures Hazards-1 through Hazards-15 specified for the project.

- Hydrology and Water Quality—As documented in Table V-3, the No Project Alternative would avoid potential impacts to hydrology and water quality that could result from implementation of the project. Unlike the project, this alternative would not entail grading (excavation and fill), modification of existing structures, or construction of new structures. Therefore, the No Project Alternative would not require implementation of mitigation measures Hydro-1 through Hydro-7 specified for the project.

- Land Use and Planning—As documented in Table V-3, the No Project Alternative would not result in significant impacts related to land use and planning. The operation of the two licensed hospitals, the LBMMC and the MCH, and the related facilities and infrastructure, would not conflict with land use designation and adopted goals and policies of the City of Long Beach General Plan Land Use element,[6] which designates the Campus as LUD No. 7 Mixed-Use District. Unlike the project, which would require a change to the existing zoning designation for a portion of land between Spring Street and 29th Street from Regional Highway District (CHW) to Planning Development (PD-29) District, Subarea 1, the No Project Alternative would retain the existing zoning designations for the Campus: Institutional (I), PD-29, CHW, and Community Automobile-Oriented (CCA) Districts.[7]

- National Pollution Discharge Elimination System—As documented in Table V-3, the No Project Alternative would avoid potential impacts related to surface water quality and the need for a NPDES permit. Unlike the project, this alternative would not entail grading (excavation and fill), modification of existing structures, or construction of new structures. Therefore, the No Project Alternative would not be expected to generate new sources of storm water runoff or contributed pollutants to existing surface waters. Thus, the No Project Alternative would not be required to develop a Standard Urban Storm Water Management Plan or implement mitigation measure NPDES-1 specified for the project.

- Noise—As documented in Table V-3, the No Project Alternative would avoid impacts to ambient noise expected during the construction phases of the project. Unlike the project, this alternative would entail no demolition of existing buildings, grading (excavation and fill), modification of existing structures, or construction of new structures. Thus, there would be no need to operate heavy equipment within 500 feet of sensitive receptors, particularly the existing MCH. Therefore, the No Project Alternative would not require implementation of mitigation measures Noise-1 through Noise-3 specified for the project.

- Public Services—As documented in Table V-3, the No Project Alternative would not result in significant impacts related to public services. The No Project Alternative would continue operation of existing acute and outpatient facilities. Therefore, there would be no need for new or physically altered fire protection, police protection, school, or other public facilities that would require physical alteration of the environment. However, the No Project Alternative would fail to provide adequate capacity to meet the existing and anticipated demand within the City for healthcare services, which is projected to increase by 6 to 9 percent through the year 2020.

[6] City of Long Beach, Department of Planning and Building. July 1991. *Land Use Element of the Long Beach General Plan*. Prepared by: City of Long Beach, Department of Planning and Building, City Hall, 333 West Ocean Boulevard, Long Beach, CA 90802.

[7] City of Long Beach. 1982. City of Long Beach Municipal Code (Ord. C-5831 § 1, 1982), Chapter 21. Available at: http://www.longbeach.gov/apps/cityclerk/lbmc/title-21/frame.htm

- Traffic and Transportation—As documented in Table V-3, the No Project Alternative would avoid potential impacts to traffic and transportation that could result from the implementation of the project. Unlike the project, this alternative would not accommodate additional capacity to provide healthcare services. Therefore, there would be no anticipated increase in trips and the related contribution to the loads placed on surrounding intersections. The existing 3,452 parking spaces would be sufficient to support ongoing operation of the LBMMC, the MCH, and the appurtenant facilities. Therefore, the No Project Alternative would not require implementation of mitigation measures Transportation-1 through Transportation-3.

- Utilities and Service Systems—As documented in Table V-3, the No Project Alternative would avoid potential impacts to utilities and service systems that could result from the implementation of the project. Unlike the project, this alternative would not entail major site grading (excavation and fill), demolition of existing structures, or construction of new structures; therefore, the No Project Alternative would not generate solid waste from construction. In addition, the hospital would continue to operate at its existing capacity; therefore, the No Project Alternative would not generate increased levels of solid waste from operations such as that anticipated for the project. Therefore, the No Project Alternative does not require implementation of mitigation measures Utilities-1 and Utilities-4 specified for the project.

  Impacts to the storm drain systems would be reduced to below the threshold of significance with the implementation of mitigation measures Utilities-5.

Feasibility: The No Project Alternative is feasible; however, the November 2004 approval of Proposition 61, Children's Hospital Bond Act of 2004, would preclude hospitals from using funds allocated by the State of California.

Facts: The above finding is based on the following:

- The No Project Alternative fails to meet most of the 12 objectives of the project.

- The No Project Alternative provides a total of approximately 1,213,945 square feet from the existing facilities dedicated to programming.

- The No Project Alternative is not capable of serving County residents and visitors with an additional 375 beds per day annually by the year 2007 or 500 beds per day annually by the year 2020 due to the City of Long Beach General Plan's anticipated 6- to 9-percent growth through the year 2020. The current number of 726 existing beds per day will continue to serve the County and visitors.

- The No Project Alternative is not capable of providing the combined 500,000 square feet of additional space anticipated to be needed to accommodate inpatient, outpatient, and appurtenant facilities by 2020.

- The No Project Alternative would not allow MCH to comply with Office of Statewide Health Planning & Development (OSHPD) regulations by 2008.

V.C ALTERNATIVE A

Description of Alternative: This alternative was analyzed in Section 3.0 of the EIR. Alternative A would result in meeting 9 of the 12 project objectives in order to construct the project's six distinct components within the next 5 to 10 years: TCI; MCH pediatric inpatient tower, utility trench, and central plant building; MCH pediatric outpatient building; MCH link building; roadway realignment; and parking program.

Effectiveness in Meeting Project Objectives: Alternative A meets 9 of the 12 project objectives. The project objectives are discussed in Section 2.3 of the EIR. The summary of the project's ability to meet the objectives is described in Table V-2.

Comparison of Effects of the Alternative to Effects of the Project: The regulatory framework and existing conditions would be the same as those described for the project. A summary comparison of this alternative to the effects of the project is presented in Table V-3. The analysis presented in the table shows that the project will result in significant impacts to air quality and traffic and transportation. Alternative A differs from the project in that it delays construction of the TCI until the development of on-site parking (lots N, P, Q, R, S, and T) is completed (Figure 4.2-1 of the EIR, *Alternative A Site Plan*). All other elements of the project would be constructed as planned in the project. The delayed construction of the TCI would delay the consolidation and relocation of cancer facilities to a single building dedicated to cancer treatment from the 11 existing locations on and off Campus for a period of approximately one year.

- Aesthetics—As documented in Table V-3, Alternative A would not result in significant impacts to aesthetics. Since the project area is not located near a scenic coastal or waterway view or state-designated scenic highway, Alternative A would not impact any viewsheds or scenic highways. Due to the delayed construction for the TCI, short-term impacts from demolition and construction activities would also be delayed. Upon build-out, Alternative A would result in a relative aesthetic improvement in the Central Long Beach Redevelopment Area. These improvements would be consistent with the visual character of the community, and the short-term impacts during construction would be outweighed by the long-term visual enhancement to be derived from the completed project and its provision of visually attractive structural and landscape amenities.

- Air Quality—As documented in Table V-3, Alternative A results in significant impacts to air quality. The one-year delay in construction of TCI Phase I would be concurrent with the later phase of construction of the MCH pediatric inpatient tower. It is anticipated that the utility trench and central plant building would be completed prior to the initiation of TCI Phase I. However, development of the six on-site parking areas (Lots N, P, Q, R, S, and T) would need to be undertaken concurrent with the first year of construction for the MCH pediatric inpatient tower, utility trench, and central plant building.

  Alternative A would generate impacts to ambient air quality during construction as a result of trips to and from the site by construction workers, the use of heavy equipment for site grading, demolition of existing structures, soil removal, transport of construction materials for new construction, fuel consumption by on-site construction equipment, application of architectural coatings, and asphalt operation. Alternative A would require more concurrent demolition work, more

trucks to transport demolition debris at one time, and greater total land area exposed at one time. As a result, the peak-period emissions would be greater than that of the project and would remain significant for CO, NO_x, ROGs, and PM_{10}.

Alternative A would require implementation of mitigation measures Air-1 through Air-13 to minimize to the extent feasible the amount of pollutants emitted by construction activities. Implementation of mitigation measures Air-1 through Air-13 would reduce significant impacts to air quality from Alternative A related to fugitive dust emissions to below the level of significance. The specified measures would not reduce impacts from peak-day and peak-quarter emissions of CO, NOx, and ROGs to a less than significant level.

There would be anticipated impacts to air quality related to odors during construction of Alternative A.

Implementation of mitigation measures Air-1 through Air-13 would not reduce significant impacts from Alternative A related to the conformance to the current air quality standard to below the level of significance.

Implementation of mitigation measures Air-1 through Air-13 would not reduce significant impacts from Alternative A related to the cumulatively considerable net increase of any criteria pollutant for which the project region is in nonattainment under an applicable federal or state ambient air quality standard (including release in emissions that exceed quantitative thresholds for ozone precursor) to below the level of significance.

- Cultural Resources—As documented in Table V-3, Alternative A would require excavation and grading activities that would have the potential to adversely affect paleontological resources, previously unrecorded prehistoric archeological resources, or the unanticipated discovery of human remain, thus requiring the consideration of mitigation measures. As with the project, potential impacts to the cultural resources from the potential to encounter prehistoric and historic archaeological resources and paleontological resources would be reduced to below the level of significance with the incorporation of mitigation measures Cultural-1 through Cultural-3.

- Geology and Soils—As documented in Table V-3, Alternative A would have the potential to expose people and property to the risk of loss or injury involving seismic ground shaking from the operation of the MCH pediatric inpatient tower Phases I and II and the central plant building, MCH pediatric outpatient building, TCI Phases I and II, and the 1,700-space parking structure. All new construction would be designed to the current life safety standard specified in the Uniform Building Code. In addition, the excavation and grading required to construct the TCI Phases I and II, the MCH pediatric inpatient tower Phases I and II and the central plant building, the MCH pediatric outpatient building, the MCH link building, the roadway realignment, the surface parking lots, and the parking structure would have the potential for impacts related to a substantial increase in soil erosion or loss of topsoil. Erosion potential during construction would be managed to the maximum extent practicable with BMP pursuant to the required NPDES permit and associated Urban Storm Water Management Plan. As with the

project, impacts related to geology and soils would be reduced to below the level of significance through the incorporation of mitigation measures Geology-1 through Geology-6.

- Hazards and Hazardous Materials—As documented in Table V-3, Alternative A would have the potential to expose people and property to hazards and hazardous materials through construction and operation activities:

  - Demolition of buildings with the potential to contain asbestos-containing materials and lead-based paints
  - Excavation and transport of petroleum hydrocarbon–contaminated soil and water
  - Construction near former oil wells that have not been abandoned to current standards of the California Department of Conservation, Division of Oil, Gas, and Geothermal Resources
  - Placement of structures at locations that have the potential to accumulate methane, hydrogen sulfide, or other petroleum-related gases into underground areas or buildings
  - Potential to encounter previously unrecorded underground storage tanks during excavation and grading activities
  - Routine transport and disposal of construction debris and solid waste that have the potential to contain hazardous waste
  - Construction in proximity to areas necessary to emergency response and evacuation plans
  - Excavation and grading activities in soils with the potential to contain chemicals of potential concern, including volatile organic compounds

  As with the project, impacts related to hazards and hazardous materials from construction and operation of Alternative A would be expected to be mitigated to below the level of significance through the incorporation of mitigation measures Hazards-1 through Hazards-15.

- Hydrology and Water Quality—As documented in Table V-3, Alternative A delays construction of the TCI until adequate on-site or off-site parking is secured. The other five elements of the project would be constructed as planned for the project; thus, Alternative A would result in significant impacts to hydrology and water quality, requiring the consideration of mitigation measures. As with the project, potential impacts to water quality from increased soil erosion, siltation, or increased surface runoff during construction would be expected to be reduced to a less than significant level through conformance with BMP. The BMP in the construction scenario were specified to ensure conformance with all applicable federal, state, and local statutes and regulations related to control of surface water and runoff during construction. As with the project, significant impacts related to hydrology

and water quality resulting from Alternative A would be mitigated to a less than significant level through the incorporation of mitigation measures Hydro-1 through Hydro-7.

- Land Use and Planning—As documented in Table V-3, Alternative A would not result in significant impacts related to land use and planning. As with the project, the land uses specified in the Master Plan of Land Uses are consistent with LUD No. 7 Mixed-Use District. Alternative A would require a change to the existing zoning designation for a portion of land between Spring Street and 29th Street from CHW to PD-29 District, Subarea 1. As with the project, Alternative A would not result in any significant impact to land use and planning.

- National Pollution Discharge Elimination System—As documented in Table V-3, Alternative A would involve concurrent grading and excavation in an area of sufficient size to require compliance with the NPDES permit, thus requiring the development and incorporation of BMP for reducing discharge of the pollutants into the storm drain and waterway system. As with the project, significant impacts related to NPDES resulting from Alternative A would be mitigated to below the level of significance through the incorporation of mitigation measure NPDES-1.

- Noise—As documented in Table V-3, Alternative A would result in significant impacts to ambient noise levels during construction. Alternative A requires the use of heavy construction equipment in close proximity to sensitive receptors: pediatric patients in the existing MCH. As with the project, Alternative A would generate additional trips to and from the Campus as a result of the increase in the medical staff, employees, patients, and corresponding increase in visitors. As with the project, construction impacts to ambient noise levels would be reduced to the maximum extent practicable through the incorporation of mitigation measures Noise-1 through Noise-3.

- Public Services—As documented in Table V-3, Alternative A would not result in significant impacts related to public services. As with the project, Alternative A would not require the provision of, or need for, new or physically altered fire protection, police protection, school, or other public facilities that would require physical alteration of the environment. Alternative A would be expected to expose people and property to security-related issues and vandalism during the operation of TCI Phases I and II; MCH pediatric inpatient tower Phases I and II, utility trench, and central plant building; MCH pediatric outpatient building; MCH link building; and surface parking lots, leased off-site parking lots, and the parking structure. Impacts related to security and vandalism from Alternative A would be reduced to below the level of significance through mitigation measures Public Services-1 and Public Services-2.

- Traffic and Transportation—As documented in Table V-3, Alternative A provides delayed consolidation of outpatient treatment modalities of the TCI until adequate on-site or off-site parking is secured. This alternative would have traffic and transportation impacts similar to the project because projected construction and mitigation measures are expected to continue once on-site or off-site parking is secured. A Congestion Management Program (CMP) deficiency would not be anticipated with the implementation of the mitigation measures specified for the

project. Contributions to intersection loads from construction and operation of Phase I would be delayed by one year. This would reduce the daily two-way project traffic generation forecast from 6,762 to 3,740 daily trips, eliminating the 3,022 daily trips projected from the Phase I construction of TCI. However, these daily trips are expected to be added once Phase I starts. As with the project, impacts to 3 of 10 intersections would not be mitigated to below the level of significance for the year 2008 planning horizon. The impacts to 3 of 5 intersections would not be mitigated to below the level of significance for the year 2014 planning horizon. Potential operations impacts related to traffic and transportation for all other intersections would be expected to be mitigated to below the level of significance through the incorporation of project-specific improvements and mitigation measures Transportation-1 through Transportation-3.

As with the project, construction and operation of Alternative A would be expected to result in impacts to parking capacity, thus requiring the consideration of mitigation measures (Table 4.2.7-1 of the EIR, *Alternative A Construction Parking Program*, and Table 4.2.7-2 of the EIR, *Alternative A Operation Parking Program*). Impacts to parking capacity would result from the conversion of 577 existing parking spaces to development and the generation of demand for an additional 1,159 parking spaces through the provision of additional inpatient hospital beds and increased total square feet of spaces dedicated to outpatient services and mixed use. Implementation of mitigation measure Transporation-3 would be expected to reduce impacts on parking to below the level of significance. The parking program specified in measure Transportation-3 would need to be modified in accordance with Table 4.2.7-1 and Table 4.2.7-2 of the EIR.

- Utilities and Service Systems—As documented in Table V-3, Alternative A would generate solid waste during construction from the demolition of the WIC Building (4,500 square feet) and parking structure (50,216 square feet). Operation of the capital improvements recommended as elements of the project would increase the generation of solid waste. Impacts to utilities from solid waste generated during construction and operation of Alternative A would be reduced to below the level for significance with the implementation of mitigation measures Utilities-1 and Utilities-4. Impacts to the storm drain systems would be reduced to below the threshold of significance with the implementation of mitigation measures Utilities-5.

Feasibility: The project is feasible.

Facts: The above finding is based on the following:

- Alternative A meets 9 of the 12 objectives of the project.
- Alternative A provides a total of approximately 50,000 square feet dedicated to programming.
- Alternative A is capable of serving approximately 375 beds per day by the year 2007 and 500 beds per day by the year 2020 to County residents and visitors annually.

- The total estimated construction cost of Alternative A is $276 million with an estimated cost of $646 per square foot. However, a one-year delay in the initiation of construction of TCI Phase I could increase construction cost by 4 to 7 percent, thus requiring the identification of additional funds to augment the increased cost of construction, or a reduction in the size of the facility to stay within the existing identified construction funds. In this case, assuming a 5-percent increase, the project may cost up to $414 million with an estimated cost of $970 per square foot.

- The total estimated construction cost for Alternative A would likely be in excess of $200 million. However, a one-year delay in the initiation of construction of TCI Phase I could increase construction cost by 4 to 7 percent, thus requiring the identification of additional funds to augment the increased cost of construction, or a reduction in the size of the facility to stay within the existing identified construction funds.

- Alternative A would allow the LBMMC and the MCH to continue the legacy of providing a high-quality environment that supports the health and well-being of patrons through the provision of a comprehensive system of programs and facilities that provide prevention, screening, diagnosis, treatment, and monitoring services to meet existing needs. Alternative A would provide additional space to support the 6- to 9-percent population growth in the City expected through the year 2020.

- Alternative A would provide the combined 500,000 square feet of additional space required to accommodate inpatient, outpatient, and appurtenant facilities required by the year 2020.

- Alternative A would allow the MCH to comply with the regulations developed by OSHPD by the year 2008.

- Alternative A would provide a dedicated facility, in close proximity to the inpatient services provided at the LBMMC, to accommodate the diverse outpatient treatment modalities of the TCI that are currently dispersed in 24 sites on and off the Campus.

- Alternative A would fail to provide a dedicated facility for the outpatient well care, screening, imaging, diagnosis, treatment, and monitoring of cancer and non-cancer patients to accommodate the anticipated need for 375 patients to be served per day annually by the year 2007. In this alternative, construction of TCI Phase I would be delayed by a year; thus, the facility would not be available until the year 2008. There would be no change in the ability to complete Phase II to accommodate approximately 500 patients per day annually to meet anticipated needs through the year 2020.

- Alternative A would provide a pediatric inpatient tower that would increase capacity for pediatric surgical cases, in accordance with the California Department of Health Services licensing specification to provide dedicated pediatric operating rooms by January 2008, through construction of the MCH pediatric inpatient tower Phase I, utility trench, and central plant building. Construction of the MCH pediatric inpatient tower Phase II would be sufficient to accommodate anticipated demand for services through the year 2020.

- Alternative A would provide a pediatric inpatient tower with the required capacity to accommodate the anticipated 1-percent annual increase in demand for newborn intensive care services and general pediatric patients under the age of 15 through the year 2020.

- Alternative A would allow for consolidation and relocation of the diverse pediatric outpatient services, well care, screening, diagnosis, treatment, and monitoring into a single, dedicated building, the MCH pediatric outpatient building, which is in close proximity to the MCH.

- Alternative A would provide a building designated for mixed uses, the MCH link building, to accommodate retail uses, such as a gift shop, florist, and food and beverage service, to serve MCH employees, patients, and visitors.

- Alternative A would provide adequate access and egress to the Campus from Long Beach Boulevard and Atlantic Avenue through the realignment of Patterson Street.

- Alternative A would provide adequate infrastructure to support circulation within the Campus through various improvements to roadways, driveways, sidewalks, security lighting, and landscaping.

- Alternative A would provide sufficient parking capacity to comply with the City parking ordinance through use of existing excess parking spaces, development of additional on-site surface parking (lots N, P, Q, R, S, and T), short-term (10-year) lease of adjacent off-site parking, and construction of a 1,700-space parking structure.

V.D ALTERNATIVE B

Description of Alternative: This alternative was analyzed in Section 3.0 of the EIR. Alternative B would result in meeting 10 of the 12 project objectives in order to construct the project's six distinct components with in the next 5 to 10 years: the TCI; the MCH pediatric inpatient tower, utility trench, and central plant building; MCH pediatric outpatient building; the MCH link building; the roadway realignment; and the parking program. Alternative B differs from the project in that Alternative B expedites the commitment to construct an on-site, 1,700-space parking structure (Figure 4.3-1 of the EIR, *Alternative B Site Plan*). Alternative B would expedite construction of a multilevel parking structure on the Campus capable of accommodating 1,700 cars with up to 400 spaces per level and sited in an area designated for interim or permanent use of parking in the Master Plan of Land Uses. The parking structure would provide sufficient parking to accommodate any existing parking spaces displaced by construction and sufficient additional parking to accommodate the parking demand generated by the construction of the project element.

The need to initiate construction of the parking structure in year 2005 would increase the cost to provide sufficient parking in the initial phases of construction from $5.94 million (estimated cost to support development of off-site parking lots that would be leased to the LBMMC and MCH) to $23.8 million to construct an on-site parking structure (Table 2.4-1 of the EIR, *Estimated Capital Improvement Costs*). The additional $17.86 million required to construct the parking structure would likely be taken from the funds allocated for construction of Phase I of the TCI and Phase I of the MCH pediatric inpatient tower, thus reducing the available funds by approximately 14 percent.

The reduction in construction funding would likely result in a comparable downsizing of the proposed facilities and their capacity to provide service.

Effectiveness in Meeting Project Objectives: The project meets 10 of the 12 project objectives. The objectives are discussed in Section 2.3 of the EIR. The summary of the project's ability to meet the objectives is described in Table V-2.

Comparison of Effects of the Alternative to Effects of the Project: The regulatory framework and existing conditions would be the same as those described for the project. A summary comparison of this alternative to the effects of the project is presented in Table V-3. The analysis presented in the table shows that the project will result in significant impacts to air quality and traffic and transportation. Alternative B would include the same elements as the project, with the same building spaces and characteristics. However, Alternative B would expedite construction of the 1,700-space parking structure to begin in July 2005, thus avoiding the interim use of leased parking in off-site locations immediately adjacent to the Campus. However, the need to dedicate $23.8 million to the construction of a parking structure at the beginning of the expansion effort would likely reduce the size of Phase I of the TCI and Phase I of the MCH pediatric inpatient tower by 14 percent, and increase Phase II of the TCI and Phase II of the MCH pediatric inpatient tower by 14 percent to offset the reduction in space in Phase I. Upon build-out, Alternative B would accommodate the same programming for healthcare services provided by the project. However, the anticipated reduction in the sizing of Phase I facilities for the TCI and MCH pediatric inpatient tower would not delay the accommodation of anticipated demand from the year 2008 to year 2013 and the related benefits:

- Provision of a safer and more user-friendly environment for patients, employees, medical staff, and volunteers
- Accessibility of multiple services at a single location
- Proximity to the MCH for care required to be provided in an acute care facility
- Operational efficiency
- Quality of care
- Aesthetics—As documented in Table V-3, Alternative B would not result in significant impacts to aesthetics. Since the project area is not located near a scenic coastal or waterway view or state-designated scenic highway, Alternative B would not impact any viewsheds or scenic highways. Upon build-out, Alternative B would result in a relative aesthetic improvement in the Central Long Beach Redevelopment Area. These improvements would be consistent with the visual character of the community, and the short-term impacts during construction would be outweighed by the long-term visual enhancement to be derived from the completed project and its provision of visually attractive structural and landscape amenities.
- Air Quality—As documented in Table V-3, Alternative B results in significant impacts to air quality. Expedited construction of the parking structure would be concurrent with construction of the TCI Phase I and the MCH pediatric inpatient

tower, utility trench, and central plant building. Alternative B would generate impacts to ambient air quality during construction as a result of trips to and from the site by construction workers, the use of heavy equipment for site grading, demolition of existing structures, soil removal, transport of construction materials for new construction, fuel consumption by on-site construction equipment, application of architectural coatings, and asphalt operation. Alternative B would require more concurrent demolition work and more trucks to transport demolition debris at one time and greater total land area exposed at one time. As a result, the peak-period emissions would be greater than that of the project and would remain significant for CO, NOx, ROGs, and PM_{10}.

As with the project, Alternative B would require implementation of mitigation measures Air-1 through Air-13 to minimize to the maximum extent feasible the amount of pollutants emitted by construction activities. Implementation of mitigation measures Air-1 through Air-13 would reduce significant impacts to air quality from Alternative B, related to fugitive dust emissions, to below the level of significance. The specified mitigation measures would not reduce impacts from peak-day and peak-quarter emissions of CO, NOx, and ROGs to a less than significant level.

As with the project, there would be anticipated impacts to air quality related to odors during the construction of Alternative B.

As with the project, implementation of mitigation measures Air-1 through Air-13 would not reduce significant impacts from Alternative B, related to the conformance to the current air quality standard, to below the level of significance.

Implementation of mitigation measures Air-1 through Air-13 would not reduce significant impacts from Alternative B related to the cumulatively considerable net increase of any criteria pollutant for which the project region is in nonattainment under an applicable federal or state ambient air quality standard (including release in emissions that exceed quantitative thresholds for ozone precursor) to below the level of significance.

- Cultural Resources—As documented in Table V-3, Alternative B would require excavation and grading activities that would have the potential to adversely affect paleontological resources, previously unrecorded prehistoric archeological resources, or the unanticipated discovery of human remains, thus requiring the consideration of mitigation measures. Potential impacts to the cultural resources from the likelihood of encountering prehistoric and historic archaeological resources and paleontological resources would be reduced to below the level of significance with the incorporation of mitigation measures Cultural-1 through Cultural-3.

- Geology and Soils—As documented in Table V-3, Alternative B would have the potential to expose people and property to the risk of loss or injury involving seismic ground shaking from the operation of the MCH pediatric inpatient tower Phases I and II and the central plant building, MCH pediatric outpatient building, TCI Phases I and II, and the 1,700-space parking structure. All new construction would be designed to the current life safety standard specified in the Uniform

Building Code. In addition, the excavation and grading required to construct the TCI Phases I and II, the MCH pediatric inpatient tower Phases I and II and central plant building, the MCH pediatric outpatient building, the MCH link building, the roadway realignment, the surface parking lots, and the parking structure would have the potential for impacts related to a substantial increase in soil erosion or loss of topsoil. Erosion potential during construction would be managed to the maximum extent practicable with BMP pursuant to the required NPDES permit and associated Urban Storm Water Management Plan.

As with the project, impacts related to geology and soils would be reduced to below the level of significance through the incorporation of mitigation measures Geology-1 through Geology-6.

- Hazards and Hazardous Materials—As documented in Table V-3, Alternative B would have the potential to expose people and property to hazards and hazardous materials through construction and operation activities:

  - Demolition of buildings with the potential to contain asbestos-containing materials and lead-based paints

  - Excavation and transport of petroleum hydrocarbon–contaminated soil and water

  - Construction near former oil wells that have not been abandoned to current standards of the California Department of Conservation, Division of Oil, Gas, and Geothermal Resources

  - Placement of structures at locations that have the potential to accumulate methane, hydrogen sulfide, or other petroleum-related gases into underground areas or buildings

  - Potential to encounter previously unrecorded underground storage tanks during excavation and grading activities

  - Routine transport and disposal of construction debris and solid waste that have the potential to contain hazardous waste

  - Construction in proximity to areas necessary to emergency response and evacuation plans

  - Excavation and grading activities in soils with the potential to contain chemicals of potential concern, including volatile organic compounds

  As with the project, impacts related to hazards and hazardous materials from construction and operation of Alternative B would be expected to be mitigated to below the level of significance through the incorporation of mitigation measures Hazards-1 through Hazards-15.

- Hydrology and Water Quality—As documented in Table V-3, Alternative B would result in significant impacts to hydrology and water quality, requiring the consideration of mitigation measures. Potential impacts to hydrology and water quality from increased soil erosion, siltation, or increased surface runoff during construction would be expected to be reduced to a less than significant level through conformance with BMP. The BMP specified in the construction scenario were specified to ensure conformance with all applicable federal, state, and local statutes and regulations related to control of surface water and runoff during construction. Significant impacts related to hydrology and water quality resulting from Alternative B would be mitigated to below the level of significance through the incorporation of mitigation measures Hydro-1 through Hydro-7.

- Land Use and Planning—As documented in Table V-3, Alternative B would not result in significant impacts related to land use and planning. As with the project, the land uses specified in the Master Plan of Land Uses are consistent with LUD No. 7 Mixed-Use District. Alternative B would require a change to the existing zoning designation for a portion of land between Spring Street and 29th Street from CHW to PD-29 District, Subarea 1. As with the project, Alternative B would not result in any significant impact to land use and planning.

- National Pollution Discharge Elimination System—As documented in Table V-3, Alternative B would involve concurrent grading and excavation in an area of sufficient size to require compliance with the NPDES permit, thus requiring the development and incorporation of BMP for reducing discharge of the pollutants into the storm drain and waterway system. As with the project, significant impacts related to NPDES resulting from Alternative B would be mitigated to below the level for significance through the incorporation of mitigation measure NPDES-1.

- Noise—As documented in Table V-3, Alternative B would result in significant impacts to ambient noise levels during construction. As with the project, Alternative B requires the use of heavy construction equipment in close proximity to sensitive receptors: pediatric patients in the existing MCH. In addition, Alternative B would generate additional trips to and from the Campus as a result of the increase in the medical staff, employees, patients, and corresponding increase in visitors. As with the project, construction impacts to ambient noise levels would be reduced to the maximum extent practicable through the incorporation of mitigation measures Noise-1 through Noise-3.

- Public Services—As documented in Table V-3, Alternative B would not result in significant impacts related to public services. Alternative B would not require the provision of, or need for, new or physically altered fire protection, police protection, school, or other public facilities that would require physical alteration of the environment. Alternative B would be expected to expose people and property to security-related issues and vandalism during the operation of the TCI Phases I and II; the MCH pediatric inpatient tower Phases I and II, utility trench, and central plant building; the MCH pediatric outpatient building; the MCH link building; the surface parking lots; and the parking structure. Impacts related to security and vandalism from Alternative B would be reduced to below the level for significance through mitigation measures Public Services-1 and Public Services-2.

- Traffic and Transportation—As documented in Table V-3, Alternative B would expedite construction of the parking structure concurrent with construction of the MCH pediatric inpatient tower Phase I, utility trench, and central plant building, thus creating significant impacts to local intersections during peak hours when considered in conjunction with ambient growth, related projects, and Alternative B construction- and operation-generated trips. Alternative B would require implementation of the same mitigation measures because it takes into account increased traffic due to construction activities and additional parking provided by the expedited parking structure. A CMP deficiency would not be anticipated with implementation of the mitigation measures specified for the project. As with the project, impacts to 3 of 10 intersections would not be mitigated to below the level of significance for the year 2008 planning horizon. The impacts to 5 of 10 intersections would not be mitigated to below the level of significance for the year 2014 planning horizon. Potential operations impacts related to traffic and transportation for all other intersections would be expected to be mitigated to below the level of significance through the incorporation of project-specific improvements and mitigation measures Transportation-1 through Transportation-3.

  Construction and operation of Alternative B would be expected to result in impacts to parking capacity, thus requiring the consideration of mitigation measures (Table 4.3.7-1 of the EIR, *Alternative B Construction Parking Program*, and Table 4.3.7-2 of the EIR, *Alternative B Operation Parking Program*). Impacts to parking capacity would result from the conversion of 577 existing parking spaces to development and the generation of demand for an additional 1,159 parking spaces through provision of additional inpatient hospital beds and increased total square feet of spaces dedicated to outpatient services and mixed use. Implementation of mitigation measure Transporation-3 would be expected to reduce impacts on parking to below the level of significance. The parking program specified in mitigation measure Transporation-3 would need to be modified in accordance with Tables 4.3.7-1 and 4.3.7-2 of the EIR.

- Utilities and Service Systems—As documented in Table V-3, Alternative B would generate solid waste during construction from the demolition of the WIC Building (4,500 square feet) and parking structure (50,216 square feet). Operation of the capital improvements recommended as elements of the project would increase the generation of solid waste. As with the project, impacts to utilities from solid waste generated during construction and operation of Alternative B would be reduced to below the level of significance with the implementation of mitigation measures Utilities-1 and Utilities-4.

  Impacts to the storm drain systems would be reduced to below the threshold of significance with the implementation of mitigation measures Utilities-5.

Feasibility: The project is feasible.

Fact: The above finding is based on the following:

- Alternative B meets 10 of the 12 project objectives.
- Alternative B provides a total of approximately 375 beds per day by the year 2007 and 500 beds per day by the year 2020 County residents and visitors annually.
- Alternative B would allow the LBMMC and MCH to continue the legacy of providing a high-quality environment that supports the health and well-being of patrons through the provision of a comprehensive system of programs and facilities that provide prevention, screening, diagnosis, treatment, and monitoring services to meet existing needs. Alternative B would provide additional space to support the 6- to 9-percent population growth in the City expected through the year 2020.
- Alternative B would provide the combined 500,000 square feet of additional space required to accommodate inpatient, outpatient, and appurtenant facilities required by the year 2020.
- Alternative B would allow the MCH to comply with OSHPD regulations by the year 2008.
- The total estimated construction cost of this Alternative B is $294 million with an estimated cost of $688 per square foot.
- Alternative B would likely be in excess of $200 million. The need for immediate construction of parking facility would result in a corresponding reduction of approximately 14 percent of the sizing of Phase I of the TCI and Phase I of the MCH pediatric inpatient tower. The anticipated increase of 4 to 7 percent per year in construction cost would then be expected to result in a corresponding increase of $2.5 to $4.4 million, when applied to the upsizing of Phase II of the TCI and Phase II of the MCH pediatric inpatient tower.[8]

[8] Davis Langdon Adamson. 2004. "California Construction Industry Market Escalation Report, 2004 Mid-Year Update." Contact: 301 Arizona Avenue, Suite 301, Santa Monica, CA 90401. Available at: http://www.aaaesc.com/_news/2004

SECTION VI
FINDINGS REGARDING MITIGATION MONITORING PROGRAM

VI.A REQUIREMENTS OF MITIGATION MONITORING PROGRAM

Section 21081.6 of the Public Resources Code, the California Environmental Quality Act (CEQA), requires that when a public agency is making the findings required by Sections 21081, the public agency shall adopt a reporting or monitoring program for the changes made to the project or conditions of project approval, adopted in order to mitigate or avoid significant effects on the environment.

The City of Long Beach hereby finds that the Mitigation Monitoring Program meets the requirements of Section 21081.6 of the Public Resources Code by providing a monitoring program designed to ensure compliance during project implementation with mitigation measures adopted by the City of Long Beach.

SECTION VII
FINDINGS REGARDING LOCATION AND CUSTODIAN OF DOCUMENTS

VII.A LOCATION AND CUSTODIAN OF DOCUMENTS

Section 10.0, References, of the Environmental Impact Report contains a list of all references used in the preparation of the environmental analysis. Unless otherwise noted, reference materials are located at the City of Long Beach City Hall, Department of Planning and Building, which shall also serve as the custodian of the documents constituting the record of proceedings upon which the City of Long Beach has based its decision related to the project:

Ms. Anita Garcia
Project Manager
Department of Planning and Building
City of Long Beach City Hall, 5th floor
Long Beach, CA 90802
(562) 570-6193

References not available from the City of Long Beach, Department of Planning and Building, are located at Sapphos Environmental, Inc. and are available for review by appointment:

André A. Anderson
Senior Environmental Analyst
Sapphos Environmental, Inc.
133 Martin Alley
Pasadena, CA 91105
(626) 683-3547

SECTION VIII
CERTIFICATION REGARDING INDEPENDENT JUDGMENT

Pursuant to Section 21082.1(c) of the Public Resources Code, the City of Long Beach (City) certifies that the Department of Planning and Building, the Planning Commission, and the City Council have independently reviewed and analyzed the Final Environmental Impact Report (EIR) on behalf of the City. The Department of Planning and Building, the Planning Commission, and the City Council reviewed the Draft EIR and supporting technical appendices and required changes to those documents prior to circulation for public review. The Draft EIR circulated for public review reflected the independent judgment of the City of Long Beach. The Final EIR similarly has been subject to review and revision by the City of Long Beach Department of Planning and Building staff and reflects the independent judgment of the City of Long Beach.

SECTION IX
STATEMENT OF OVERRIDING CONSIDERATIONS

In accordance with Section 15093 of State CEQA Guidelines, the City of Long Beach City Council (City Council) has determined that the economic and social benefits of the project outweigh the unavoidable adverse environmental risks. The Environmental Impact Report (EIR) determined that the project is not expected to result in significant impacts to agriculture, biological resources, land use and planning, mineral resources, population and housing, and recreation as a result of the implementation of the Long Beach Memorial Medical Center Expansion (project). The EIR identified and discussed significant impacts to aesthetics, air quality, cultural resources, geology and soils, hazards and hazardous materials, hydrology and water quality, national pollution discharge elimination system, noise, public services, traffic and transportation, and utilities and service systems that are expected as a result of the implementation of the project. With the implementation of the mitigation measures specified in the EIR, impacts to aesthetics, cultural resources, geology and soils, hazards and hazardous materials, hydrology and water quality, national pollution discharge elimination system, noise, public services, and utilities and service systems will be mitigated to below the level of significance. Impacts to air quality during construction will not be mitigated to below the level of significance. Impacts to traffic and transportation at three intersections in the vicinity of the Long Beach Memorial Medical Center (LBMMC) campus cannot be feasibly mitigated to below the level of significance in the year 2008 planning horizon. Five of ten impacted intersections cannot be feasibly mitigated to below the level of significance in the year 2014 planning horizon.

IX.I ADVERSE ENVIRONMENTAL RISKS

The EIR determined that the project is expected to result in significant unavoidable impacts to air quality and traffic and transportation.

Air Quality

The EIR identified and discussed significant impacts air quality. Construction phase emissions would include emissions of nitrogen oxide (NO_x) and particulate matter. Air quality impacts associated with implementation of the project would occur almost entirely as ozone precursor emissions from vehicles. Ozone precursor emissions and emissions from other projects in the vicinity of the project site would have the potential for cumulatively significant impacts. Implementation of mitigation measures Air-1 through Air-13 would reduce potential impacts on air quality from the construction and operation of the project to the maximum extent feasible, in accordance with the guidance provided by the South Coast Air Quality Management District (SCAQMD). However, NO_x emissions during construction would be a significant, unavoidable, adverse impact of the project.

Traffic and Transportation

The EIR identified and discussed significant impacts to transportation and traffic. Implementation of mitigation measures Transportation-1 and Transportation–2 would reduce significant impacts related to traffic and transportation to below the level of significance. The impacts to 3 of 10 intersections studied would not be mitigated to below the level of significance for the year 2008 planning horizon. The impacts to 5 of the 10 intersections studied would not be mitigated to below

- The project will provide a pediatric inpatient tower in the immediate proximity of the MCH that would increase capacity for pediatric surgical cases that would satisfy a mandate from the California Department of Health Services to provide seven operating rooms by January 2008. An additional three operating rooms would need to be provided between years 2008 and 2015 to meet anticipated demand through the year 2020.

- The project will provide a pediatric inpatient tower in the immediate proximity of the MCH that would increase capacity for newborn intensive care services and general pediatric patients. The new pediatric inpatient tower will be sized to accommodate a 10-percent increase in the need for pediatric inpatient treatment of children under the age of 15 between years 2000 and 2003, and the projected additional increase of 1 percent per year through year 2020. The increase in capacity would require 72 additional beds by year 2009 and another 92 beds from year 2008 to 2015 to meet anticipated demand through year 2020. The expansion of the MCH provides sufficient space to accommodate the anticipated increase of the population under age 15, which is compounded by the closure of other facilities in the region that have traditionally serviced this population.

- The project will consolidate and relocate the diverse pediatric outpatient services, well care, screening, diagnosis, treatment, and monitoring into a single, dedicated building in close proximity to the MCH.

- The project will provide a building within the Campus designated for mixed uses to accommodate retail uses, such as a gift shop, florist, and food and beverage service to serve MCH employees, patients, and visitors.

- The project will provide adequate access and egress to the Campus from Long Beach Boulevard and Atlantic Avenue.

- The project will provide adequate infrastructure to support circulation within the Campus.

- The project will provide sufficient parking capacity to comply with the City of Long Beach parking ordinance.

Air Quality

The social, economic, engineering, and technological benefits achieved through development of the project associated with improved healthcare services for City of Long Beach residents and visitors override the short-term construction impacts to air quality. The type of equipment and the size of the areas required to construct structures of sufficient size to accommodate the demand anticipated by the census, the City of Long Beach General Plan, and trends affecting demand for health care services cause the significant impacts to exceeds standards for NO_x emissions during construction. Project objectives are achieved through the continued provision by the LBMMC and MCH of a high-quality environment that supports the health and well-being of patrons; this is accomplished by a comprehensive system of programs and facilities that provide prevention, screening, diagnosis, treatment, and monitoring services to meet existing needs. The recommended improvements will also provide additional space to accommodate inpatient, outpatient, and